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ABSTRACT

This very extensive guide, designed in large measure by classroom teachers and meant for use by classroom teachers, is one community's response to its drug problem. The completed guide, however, is designed for adaptation throughout the nation and in foreign countries. Material is offered for different school levels, with the primary grades receiving information introduced by the classroom teacher, focusing on mental health and character development. The concept of drugs as medicine and narcotics is presented at the upper elementary level. The approach in the secondary grades is through the established curriculum with units offered in English, Mathematics, Science, Health and Physical Education and Social Studies. Specific yet flexible guidelines are included at each grade level to help establish objectives, create motivation, and provide activities for enrichment and reinforcement. Glossaries and factual information which can help answer questions often asked are included, as well as letters to committee members and parents. (CJ)

CG 005 800

BR 9-G-067
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Laredo Independent School District

CG

EDO 42219

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

SECOND EDITION

ED0 42219

Final Progress Report
Proposal No. 9-G-067
Contract No. OEC-7-9-530067-0123-(010)

THE DEVELOPMENT OF A CURRICULUM FOR TEACHING ELEMENTARY AND SECONDARY SCHOOL CHILDREN THE DANGERS INHERENT IN THE USE AND ABUSE OF DANGEROUS DRUGS

Vidal M. Trevino

Laredo Independent School District

Laredo, Texas

September 30, 1970

The research reported herein was performed pursuant to a contract with the Office of Education, U. S. Department of Health, Education, and Welfare. Contractors undertaking such projects under Government sponsorship are encouraged to express freely their professional judgment in the conduct of the project. Points of view or opinions stated do not, therefore, necessarily represent official Office of Education position or policy.

U. S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE

Office of Education
Bureau of Research

CG005 800

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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Outline-Contents

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Title of Project: THE DEVELOPMENT OF A CURRICULUM FOR TEACHING ELEMENTARY AND SECONDARY SCHOOL CHILDREN THE DANGERS INHERENT IN THE USE AND ABUSE OF DANGEROUS DRUGS.

Name of Project Director: Vidal M. Trevino

Office of Education Division or Staff Office: Region VII

For Table of Contents, refer to following page.

Vidal M. Trevino

Signature of Contract Officer and Project Director

9-2-70

Date

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LAREDO'S
SUPPORTING
ROLE

CITY OF LAREDO
LAREDO, TEXAS

OFFICE OF THE MAYOR
J. C. MARTIN, JR.

February 17, 1970

The City of Laredo takes pride in endorsing the efforts of the Laredo Independent School District in relation to their program to combat the misuse and abuse of drugs.

As Mayor of the City I pledge our support in this endeavor and assure you that all or any of our departments stand ready to help you in any manner that you see fit.

We congratulate all the members of the committee which spent endless hours in preparing this new section of your total curriculum. I know that your efforts will go a long way in eliminating this cancer which exists in our society.

J. C. Martin, Jr.
Mayor of the City of Laredo

JCM,Jr./hcg

Laredo Public Schools
LAREDO, TEXAS

J. W. NIXON
SUPERINTENDENT

February 16, 1970

Co-ordinating Committee on Drug Abuse
1618 Houston
Laredo Independent School System
Laredo, Texas 78040

Dear Committee Members:

As an educator, I have always been concerned with anything that endangers the lives of our Laredo Public School children. I am deeply concerned, therefore, with our youth's use of dangerous substances.

I strongly feel that the schools are the most strategically located institutions in which knowledge related to heroin, marihuana, and other drugs can be obtained.

It is my firm belief that education is one of the answers to this latest of menaces. The development of a curriculum guide to be used in educating our students as to the dreadful use of harmful drugs is part of that answer. I want to pledge the support of my entire staff, teachers and administrators, to this program. I want to extend complete co-operation in putting it into our schools.

I further feel that the development of this guide will make significant contributions to other communities of our State and Nation.

Sincerely yours,

J. W. Nixon

J. W. Nixon, Superintendent
Laredo Public Schools

JWN/acp

Laredo Public Schools
LARREDO, TEXAS

OFFICE OF:
ASSISTANT SUPERINTENDENT

February 13, 1970

Coordinating Committee on Drug Abuse
Laredo Public Schools
Laredo, Texas 78040

Dear Fellow-Workers:

While I have spoken to you on several occasions in regards to the importance of the work you are doing in developing this course of study on drug abuse, I must compliment you on the wonderful attitude you have had in undertaking the project.

Dedication is the word for it. Only people religiously dedicated to a purpose could have devoted more time and effort to any project than you have given to this one, and especially since you have worked without financial remuneration.

As you as teachers very well know, there are other forms of remuneration than money. You can take great pride in having done a job the results of which can touch every city in every state of this great Country of ours. Perhaps its influence can even be worldwide.

Again the gratitude of fathers and mothers everywhere are due you, and certainly we of the Administration of Laredo Public Schools are most grateful for what you have done for humanity.

Sincerely yours,

R. P. St. John, Asst.-Supt.
Laredo Public Schools

RPSt.J/acp

Laredo Independent School District

FEDERAL PROJECTS

1618 HOUSTON ST. RA 2-6366
LAREDO, TEXAS 78040

February 16, 1970

Mrs. Graciela C. Ramirez
Curriculum Writer
Drug Abuse Committee
1618 Houston St.
Laredo, Texas

Dear Mrs. Ramirez:

The resources of Federal Projects are available to you and your Staff in developing the program for teaching the danger of harmful drugs.

I personally have and will continue to give full support to the program in every way possible and assure you that all the staff of Federal Projects will assist in any way possible.

Sincerely,

Porter S Garner

Porter S. Garner
Coordinator of Federal Projects

PSG/pm

Leonides G. Cigarroa, M. D., F. A. C. S.
CIGARROA MEDICAL BUILDING
1502 Logan Avenue
LAREDO, TEXAS, 78040

March 2, 1970

Co-ordinating Committee on Drug Abuse
1618 Houston
Laredo, Texas

Dear Members,

It is indeed with a feeling of great pride and singular personal satisfaction that I have read the curriculum guide on drug use and abuse developed by the committee of the Laredo Independent School District chaired by Mr. Vidal Trevino.

I have always been of the opinion that the strongest arm in the "all out" war on narcotics exists in the education of our youth to enlighten them with fundamental, basic and factual knowledge instilled into this thought process from grade 1.

As in all things it is good to think and view this from afar but the committee under the capable and open minded leadership of Mr. Vidal Trevino has put together a curriculum guide second to none that shall fill a gap that has indeed been so desperately needed for our youth.

My congratulations to Mr. Trevino and each member of the Committee who in their own way and manner based upon their individual professional skills varied from all areas — coaching, vocational rehabilitation, counselors, math teachers, history and science etc. – were able so deligently and thoroughly to write this curriculum guide and as such offer a thorough and exhaustive preparation and study have become experts in the field. It is my hope and desire that this curriculum guide shall be used and applied by all educational systems nationwide with variations depending on local needs in its implementation.

Finally a word of appreciation to Dr. Quentin Mathews and Dr. Haswell without whose help in obtaining the grant from HEW none of this could have been done. Similarly a debt of gratitude to the Honorable J. C. Martin Jr., Mayor of Laredo, the Honorable County Judge Alberto Santos and Mr. J. W. Nixon, Superintendent of Public Schools, for their encouragement and support.

Respectfully,

Leonides G. Cigarroa M.D.

Leonides G. Cigarroa, M. D.

CITY OF LAREDO

P. O. BOX 1582

LAREDO, TEXAS 78040

AREA CODE 512 – 722-1711

OFFICE OF CHIEF OF POLICE
W. V. WEEKS

J. C. MARTIN, JR., MAYOR
JAMES HAYNES, CITY SEC.

February 12, 1970

The Co-Ordinating Committee on
Drug Abuse,
Federal Projects Building
1618 Houston St.,
Laredo, Texas.

Dear Sir:

It is my wish to commend the committee and the school system for their efforts in instituting a program, in the schools, reference drug abuse.

The use, misuse and abuse of drugs and narcotics is one of the most grave problems facing our nation. In our capacity we deal with this problem from day to day and we feel that if these unfortunate people would have had access to a program, such as you propose, the possibility is great that a majority of these addicts would now be leading normal lives.

I certainly wish to commend all of the dedicated people who have seen fit to institute this program into the school system and in my opinion these youngsters, grades one through twelve, will be the most fortunate of people. Time will certainly show the wholesome effect this program will have on the lives of these children.

We wish to co-operate with the committee in any possible manner.

Yours truly,
W. V. Weeks
W. V. Weeks, Chief
Laredo Police Department
Laredo, Texas.

TREASURY DEPARTMENT
BUREAU OF CUSTOMS
LAREDO, TEXAS

February 16, 1970

REFER TO 6-010 LD
22-014 LD

Miss Graciela Ramirez
Drug Education Coordinating Committee
Laredo Independent School District
Laredo, Texas

Dear Miss Ramirez:

I wish to express my support of the committee's efforts to establish a drug education program in the Laredo Independent School District.

This drug education program should be aimed at drug abuse prevention rather than rehabilitation and directed at youths nearing the age when curiosity induces experimenting with prohibited drugs.

If properly presented, such a program would prevent many of our local youths from experimenting in these dangerous areas.

Sincerely yours,

Oran G Pugh

Oran G. Pugh
Special Agent in Charge

REPLY TO: CUSTOMS AGENT IN CHARGE, P.O. BOX 498, LAREDO, TEXAS, 78041

CARLOS CASTILLON
DISTRICT ATTORNEY
FORTY NINTH JUDICIAL DISTRICT
COUNTIES OF
DIMMIT WEBB ZAPATA

CARLOS Y. BENAVIDES
ASSISTANT DISTRICT ATTORNEY

RICHARD G. MORALES, JR.
ASSISTANT DISTRICT ATTORNEY

ANNA M. DONOVAN
SECRETARY

AREA CODE 512
723-6303

P.O. Box 1343
Laredo, Texas 78040

February 17, 1970

Coordinating Committee
on Drug Abuse
1702 Houston Street
Laredo, Texas 78040

Gentlemen:

This office highly commends the work you are doing regarding abuse of drugs and I personally endorse and support your program.

Very truly yours,

C. Castillon

Carlos Castillon
District Attorney

CC:amd

TO THE TEACHER

A Personal Message from the Curriculum Writer

William Blair described his experiences with opium as far back as 1842:

> "I knew that for every hour of comparative ease and comfort its treacherous alliance might confer upon me now, I must endure days of bodily suffering; but I did not, could not, conceive the mental hell into whose fierce corroding fires I was about to plunge."

You, as teacher, will very soon attempt to ease just such bodily suffering and mental hell through implementation of an organized program of instruction in a unified effort to impart to the children of Laredo, Texas, the realization that the thrills and kicks they seek in drugs are not worth the price they will have to pay in crippled minds, broken bodies, shame and degradation.

As an initial thrust from the Laredo Independent School System, the Co-ordinating Committee on Drug Abuse was organized in April, 1969. We began functioning as a unit as of May 1, 1969, our main tasks being to gather materials and set up a course of study to deter the alarming use of marihuana and other drugs and narcotics by the youth of the Laredo community while at the same time adding a new dimension to the over-all program of instruction in the areas of social studies, language arts, science, mathematics, and health and physical education. In tackling this two-fold task, we involved school administrators, civic leaders, law enforcement personnel, local physicians and pharmacists. Now that we see the material compiled and ready for printing, we feel that the fruits of our research will add to the general education of the teacher-helping you to become more articulate in this particular area.

There is a section entitled What It's All About following this message in which I have attempted to tell you what we have been doing, how we have been doing it, and who has been doing it. I want you to know all about it because it is your guide to be used in your classroom for the benefit of your students. Why do we say it is yours? The field-testing phase of our drug education program afforded us with student and teacher feedback. Approximately 200 Laredo Public Schools' teachers and 5,300 students actively participated in that pilot phase of the program. Through their united effort, this coming school year will provide more for the student. Everyone involved contributed by gathering information and assembling units of instruction. It is now truly representative of the quality of work done by the teachers of the Laredo Independent School District. Hopefully, an atmosphere of sound judgment and common sense will dominate and extinguish the corroding fires of drug abuse.

I wish to express my gratitude to the following people who have so generously given of their time towards the realization of this project: Mr. J. W. Nixon, Mr. Vidal Trevino, Mr. Porter S. Garner, Mr. Antonio Gutierrez, all members of the Co-ordinating Committee, and certainly to the dedicated typists who took part in the task of printing the first and second editions of the guide.

I feel a great sense of accomplishment and personal satisfaction in having taken the role of curriculum writer for this project. I am grateful for having been given the opportunity to work with the Texas Education Agency concerning HB467.

In working with the agency, I have had the opportunity to meet with and work with school administrators from throughout the state of Texas. The Agency has been most complimentary of the work done by the Co-ordinating Committee. Their task of developing a course of study for drug education is one of unconceivable enormity. We of the Laredo Public Schools are most eager to co-operate with the State and to comply to the new law. It is our intent to carry-out our program fusing the agency's recommendations to ours. To do so, we must - -

(a) involve students, parents, and the community in all phases;

(b) use local and state resource people effectively and discriminately;

(c) merge drug education into the present curriculum; and

(d) encourage and influence students' decision making, behavior, and attitudes.

The latter recommendation should be an integral part in this area of instruction. Strategies a teacher may employ, those most highly suggested by the Agency, are group processes, leadership methods, and discovery laboratory techniques.

Two Laredo Public Schools' students and I attended a four-day workshop in Austin in June, 1970. We were part of a crew of fifteen administrators and twenty students who were assembled for the purpose of writing the three handbooks (one for parents, one for teachers, and one for students) that will be used throughout the State of Texas in its initial attempt to curb drug abuse through education in its schools. We hope that our endeavors prove fruitful and helpful to all educators. I strongly believe that our goal–to educate, not rehabilitate–will be achieved. We may not see results for some time, this being a sequential program; but when these results do become evident, it will be great to know that I had a part in curtailing the most contagious of diseases.

Sincerely,

Graciela C. Ramirez,
Curriculum Writer
Co-ordinating Committee on Drug Abuse

GENERAL INFORMATION
"WHAT IT'S ALL ABOUT"

Why Program Was Conceived:

About a year ago, alarming headlines appeared on the front page of our local newspaper. Laredo's youth, many from prominent families--others from middle class--were experimenting with drugs. Two young Laredo boys were arrested and jailed in Nuevo Laredo. This caused great concern among local educators, businessmen, and other leading citizens. Customs inspectors and law enforcement officers, including our chief-of-police, began a local survey in search of statistics and facts, hoping to find out how many young people, of school age, were involved in this latest of "teen-activities." Immediately after this, a "Citizens' Committee-War on Drugs" was organized and spearheaded by local school administrators, physicians, and religious leaders; and they were joined by many citizens who were alarmed and interested in doing something to alleviate the situation. The leader of the group, Dr. Leo Cigarroa, our superintendent, Mr. J. W. Nixon, the federal projects director, Mr. Porter S. Garner, and the entire school board decided to do something about it. That "something" resulted in the writing up of the proposal that was ultimately accepted by the Department of Health, Education, and Welfare.

When Program Was Conceived:

Proposal#9-G-067 was written and submitted to the Department of Health, Education, and Welfare in April of 1969. After several telephone conversations and several revisions to the proposal, HEW accepted it and gave us a "fixed price" contract. $9,000 was the total amount furnished to the system. The contract's term was from May, 1969, to September, 1970. On September 30, 1970, we are committed to HEW to turn over our finished product, which the Department is "buying" through the "fixed price" contract, and the Department in turn will disseminate it to other school systems in our nation as well as numerous foreign countries.

As mentioned before, several revisions to the proposal occurred before acceptance by HEW. It was orginally proposed to be taught in the health and physical education classes. However, the Department of HEW was not completely sold on this idea. After careful deliberation and consideration, our superintendent, school board, and others in the education field felt a need for a sequential program - beginning in grade 1 and extending through grade 12 - involving as many disciplines as possible and to be implemented into the already existing elementary and secondary curriculum. This the Department of HEW accepted and approved. The Department specifically like the idea of the program not being taught as a separate subject for credit but rather as a stimulating, thought-provoking influential ingredient that would add flavor and spice to an everyday lesson in social studies, English, etc.

Who Is Involved:

The Co-ordinating Committee on Drug Abuse originally was composed of five advisors and ten teachers. The latter has grown to approximately 22 teachers, for resource people were added as the work progressed and as the need for more personnel was felt.

Early in the planning stage of the program, the committee decided that the best way to get the work-at-hand done would be to divide by grade levels. Four levels were agreed upon, each level headed by a chairman who had and has the responsibility of communicating to his members any information from the director or writer, of meeting all deadlines, of bringing any problems faced by his sub-group before the general committee.

The four levels are as follows:

Level I . . . . Grade 1, 2, and 3
Level II . . . . .Grades 4, 5, and 6
Level III . . . . Grades 7, 8 and 9
Level IV. . . . . Grades 10, 11, and 12

Teachers who actually teach in grades 1, 2, and 3 are the ones who have been charged with the duty of writing the guide for Level I; teachers who actually teach in grades 4, 5, and 6 are the ones who have written the guide for Level II; etc. for Levels III and IV. This is one of the characteristics we feel makes our program so unique - it is being written by teachers who teach in the specific level they are writing for. It is not being written by experts in the field of drugs and narcotics nor is it being written by a professional writer. Rather, it is being drawn up by experienced classroom teachers who know the needs of a particular level, the peculiarities of specific age groups, and certainly most important to the secondary level, by people who are knowledgeable in subject areas or disciplines, having received special training to teach them.

The Committee is composed of:

Advisors

Mr. J. W. Nixon
Mr. R. P. St. John
Mr. Porter S. Garner
Dr. Leo G. Cigarroa

Level I Members

Mrs. Hilda Covarrubias
Mrs. Yolanda Barreda
Mrs. Carol Gilbert
Miss Laurentina Vela
Miss Sara Montemayor

Director

Mr. Vidal M. Trevino

Drug Curriculum Coordinator and Writer

Mrs. Graciela C. Ramirez

Resource Information

Miss Elia Montemayor

Level II Members

Mr. Roberto J. Castro
Mr. George Andrews
Mr. Rodolfo Lopez

Level III Members

Mr. Rosendo Ancira
Mr. Fernando Vasquez
Mr. Jose E. Benavides
Miss Sara Campos
Mr. Heberto Benavides

Level IV Members

Mr. Fred Reyna
Mr. Jacinto Juarez
Mr. Javier Santos
Mrs. Carol Wilson
Mr. Arturo Nava
Mr. Rolando Raymond
Miss Maya Guerra

Disciplines and Levels Involved:

Because the elementary grades are self-contained classrooms, the guides for Levels I and II have been written as units per se, not by subject areas. The teacher spends 6 or more hours with a class of 30 students (avg.) and who better than the teacher knows the opportune time to incorporate the drug program into his or her lesson. Rather than tell the teacher to teach our program x number of minutes x times a week, the teacher will use his or her judgment as to time appropriateness and subject correlation. The members do, occasionally, make specific recommendations of correlation; these, however, do not bind the teacher to follow them. They simply offer suggestions to the teacher who ultimately knows what is best for her students, according to their maturity, knowledge, needs, etc. The primary grades focus generally on concepts dealing with good mental health and developing good habits and proper attitudes. The committee feels that the child begins to develop his personality and character during his early school years and feels that this would be a proper time to introduce him to factors that will gradually aid him in making wise, sound decisions later on in life. These three years will set the stage for the other progression levels. We do not believe this is too early an introduction. The positive approach has been carefully, meticulously used - every unit dealing with the development of mental health.

The Laredo School System actually began work on this program before the State's decision to include a drug education program in the curriculum for grades 5 thru 12 as of September, 1970. From the beginning, the committee saw the need to begin in the primary grades. Certainly a truly sequential program, such as ours is designed to be, needs to begin in the primary grades where lasting impressions are made. It is the hope of the committee that by the time a child reaches the age of 9, 10, or 12 - - when his peers tempt him to experiment with toxic fumes or when an occasion to take dangerous drugs for other than medicinal purposes arises - he will have, through our program, formed good mental habits in grades 1 thru 4 that will deter him from degrading himself, from abusing drugs, from having to depend on substances that may eventually cripple his mind and body. It is not to be said that we encourage the topic of hard drugs and substances in the primary grades. As a matter of fact, drugs as such are not mentioned in our Level I guide. Rather, units on character development, mental health, and proper attitudes have been developed. Other units deal with community helpers (such as doctors, nurses, pharmacists, etc.), medicines commonly found in the home in mother's medicine cabinet, and harmful and useful plants. Topics such as accepting candy from strangers and the intake of strange substances are dealt with. It is at this level that the committee is interested in molding and developing the child's social personality, not in highlighting a social evil. Nor does the committee feel that this will cause an undesirable curiosity in the child to experiment. In other words, we do not think we are "putting ideas" into the child's head. Let us not kid ourselves; our school children today know more than they did yester years. Dealing with the problem wholesomely, truthfully, positively, in a motivating learning atmosphere we feel is "part" of the answer to the drug problem our system faces today.

Grades 4, 5, and 6 deal slightly more in depth relating to drugs. Again, the positive, conceptual approach was used in developing the guides for these three grades. As opposed to the primary grades, we did not wish these to be as overlapping or as reinforcing as those of Level I. To avoid redundancy, the members of Progression Level II decided that each of these 3 grades would focus on different aspects relating to drugs. Grade 4 focuses on drugs used as medicines, still not mentioning hard drugs and narcotics as such and serving as an introduction to the in-depth study of the history, source, and classification of drugs focused on in grade 5. Grade 6 embarks the child on his first of sequential voyages on the sea of drug abuse and misuse, a study of laws and regulations (in layman's language), and social influences. Grade 6 prepares the child for the detailed study of drugs he will find during his last 6 years of learning.

Grades 7, 8, and 9 in Laredo constitute the junior high level of learning. Departmentalized disciplines will inject interesting, highly motivating lessons that are drug oriented and that will fit into particular units already found within the curriculum. Each member who has written the guide for a particular discipline has narrowed and related his material to that subject area according to what is being taught in class. This is the 2nd item that makes our program so different from any other. The program will not be taught as a drug course as such. It will not be taught as a "crash program." Instead, it will be subtly woven into the lesson, sprinkled throughout the semester or year, as the teacher sees fit or as the units are presented. This was most difficult to achieve. We do not mind admitting that for a while we felt we had run against a block wall. For a while, we were all on the wrong road. It took one general meeting, where we compared notes, to find out we were being extremely redundant. We were all working along the same lines. For example, the English teacher, the Math teacher, the P. E.. teacher, etc., all basically had the same questions - What is a drug? What effect does LSD have on us? What is an amphetamine? We realized, in time, that overlapping, not uniqueness, was going to be our chief characteristic. And that wasn't the only time we were on the wrong track. Several of these guides have been completely re-done three and four times. But I feel that we now know what not to do and that is just as important as knowing what to do.

The members of Level III were selected, again, very carefully. A Junior High English teacher has written the guide to be used in the junior high English classes. A junior high Math teacher has written the guide to be used in the Math classes. And so on down the line for the various disciplines.

Level IV was developed much along the same lines as Level III. Guides were prepared by subject areas and were written by teachers experienced in specific fields. To avoid the problem of redundancy and overlapping, members were asked to turn in general outlines of content matter and these were then carefully scrutinized. Not a single one teaches a drug course as such. Each relates material to certain disciplines. This was most difficult to do. Being that, to our knowledge, this is the only program of its kind developed, there were no guidelines to follow. Information for all levels was secured from books, magazines, companies such as the 3M Company, consultants such as Dr. Albert Riester and Dr. Donald Merki, ideas from conferences and workshops we attended, and from the personal experiences of teachers. We feel we are indeed fortunate in having been granted a contract by the Dept. of HEW, for we have been able to extensively purchase transparency sets, films and filmstrips, tapes and countless reading materials that were most instrumental in developing these guides. Any periodical, book or pamphlet that came to the attention of the committee and that was considered useful was purchased. We don't mean to say that we have had money to throw up in the air but we have wisely invested it in setting up the committee's own resource area with whatever they need at their disposal. This is most essential for a good working atmosphere.

Field Testing

There are 17 elementary schools, 2 junior high schools, and 2 senior high schools in Laredo. Three alternatives were voted on by the Co-ordinating Committee in regards to the program's field-testing. One, all schools and all students could take part. Two, X number of schools and all students from those schools could take part. Three, X number of elementary schools but only 2 classes per grade level, one junior high and all students, one high school, and all students could take part. The committee decided on the third alternative for several reasons: at the elementary level, respective building principals could hand pick those classes conducted by teachers they knew would be willing to spend their time adding to and revising the guide; also, it was the general concensus that the field-testing could be handled better by a small group. Five elementary schools were picked by the committee not because they were known to be experiencing more acute drug problems but because of their strategic locations, allowing the results of the field-testing to be the fruit taken from cross-sections of the town. Two classes per grade level-a total of twelve classes per school - approximately 1,800 elementary school students and 60 elementary school teachers were involved. One jr. high and one sr. high conducted the field-testing; approximately 3,500 secondary students and 150 secondary teachers were involved.

The summer months have been spent in re-writing the guides, incorporating into them the feedback received from the teachers and students. Voluminous feedback was received. Committee members dedicated three full weeks to reading and injecting the feedback into this second edition, making changes so that the guide will truly be yours, one you are comfortable in - one you will want to teach.

Components of Program

Committee members developed a basic format that was adhered to by all levels in an effort to achieve uniformity.

First of all, the title of the program was decided on - "The Use, Misuse, and Abuse of Drugs and Narcotics."

Concepts and sub-concepts (for specific disciplines) were laid out keeping the basic objective of informing and educating our youth of the dangers inherent in the misuse and abuse of drugs in mind. It was definitely decided from the very beginning that our program was not one of rehabilitation; rather, it would strive to be informative to the point where school children would be made fully aware that when misused, drugs are poisonous.

Basic conponents of the format are Content, Motivating Questions, and Teaching Suggestions, Under Content, outline form is used. All Roman Numerals are complete sentences and all else are topics. These basic regulations were decided on by the members themselves in order that the guide look presentable and be readily interpreted. Under Motivating Questions, several questions are made available from which the teacher can choose. The teacher need not feel compelled to ask all of them. They have simply been inserted as samples he or she can use and it is the hope of the committee that field-testing teachers have deleted those they feel were not pertinent and added those which had been over-looked. Under Teaching Suggestions, again the teacher is supplied with only suggestions.

Public Support

The committee feels a definite need in public support. It is imperative that the public be kept abreast of what the committee is doing. Numerous newspaper articles have been published; all consultants' visits have been covered; radio programs have hosted committee members; both the director and the curriculum writer appeared on local daytime TV programs. PTA groups, civic organizations, and social clubs have been addressed by committee members.

As a result, many inquiries have been received concerning our program. We hope even more come in, for we want others to know what is being done for and by Laredo.

Conclusion

Many changes have been made. Who is to say there won't be more? And certainly many changes will continue to be made even after this second edition, for curriculum is not a steadfast thing. It is an ever changing thing. In order that this guide be kept abreast of the times, that it be kept flexible, that it be factual and informative, it will have to go through countless changes. But then, that's curriculum for you.

French I
Grades 1-3

LEVEL I

Grades 1, 2, and 3

Primary Grades - focus on Mental Health

INTRODUCTION TO LEVEL I

The Drug Abuse Curriculum for Level I is centered around the concept that sound mental health is essential for the total well being of the individual child. Therefore, the content of the planned units is geared toward proper guidance of the child's emotional and social development.

Level I is structured for Kindergarten, First, Second, and Third Grades. Since Kindergarten is just being incorporated into the Laredo Public School System and will not involve all five year olds, the committee feels that Section I of this guide is applicable for both Kindergarten and First Grade levels. This will mean overlapping in subject matter,but at this level it will serve as desirable reinforcement. The positive approach is used in developing the general concept of drug abuse and in establishing the value or the harm that a drug can produce-depending on its use or misuse.

The format for the planned units is composed of Content, Motivating Questions, and Teaching Suggestions. These plans are primarily for the teacher to use as a guide and to facilitate teaching material and ideas in developing needed awareness of the drug abuse situation. The plans are to be looked upon as suggestions – not as final and steadfast outlines for each teaching unit. They are flexible enough to be correlated with all subject areas in the existing school curriculum. There is no time limit set as to the presentation of the units. It is up to the classroom teacher to incorporate them into a specific subject area as the situation or need arises.

It is this Committee's intention that the planned units give the children a more meaningful and factual concept of drug use and abuse.

We feel that the strongest deterrent to drug abuse in the child's future lies in his strength of character, in his ability and determination to face life and enjoy it throught constructive use of his own resources.

GENERAL OUTLINE OF UNITS - LEVEL I

*Note: Read Introduction concerning Kindergarten section.

I. Sound Mental Health is essential for total well-being.
  A. Assuming responsibility
    1. At school
    2. At home
  B. Role playing and friendships
  C. Recognizing talents, limitations, and differences
  D. Understanding feelings
  E. Being aware of strangers

II. Drugs are substances used to alter mood or behavior.
  A. Over-the-counter drugs
  B. Prescription drugs
  C. Common substances normally not considered drugs

III. Plants affect man in different ways.
  A. Harmful plants
  B. Beneficial plants

IV. An understanding of the poison potential of commonly used substances in the home is essential to the health and safety of the child.
  A. Detergents, bleaches, enzymes
  B. Aerosol sprays
  C. Lye and Ammonia
  D. Pesticides
  E. Airplane glue
  F. Fuels

*See bulletin board samples.

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

Concept: Sound mental health is essential for total well-being.

Grade Level: I

Content	Motivating Questions	Teaching Suggestions
*Note: Read Introduction concerning kindergarten section.		
One's emotional and social development is of utmost importance.		
A. Assuming responsibility		
1. At school	What is a school?	Discuss with the children the history of schools.
	Who comes to school?	
	Why do we come to school?	Develop the idea that school is the home away from home where growing children are given live learning experiences.
	Why should we come to school each day?	
	What happens if we do not come to school?	Discuss that a school is a big building in the community or neighborhood.
	Who is the visiting teacher?	Name the teachers in your school.
	Who directs our school?	Illustrate or draw a picture of a school.
	Who helps the principal?	Draw pictures of the principal, teacher, nurse, and janitor.
	What happens if I get sick at school?	
	Why do we have to go home when we get sick at school?	Show film: Beginning Responsibility: Doing Things for Ourselves in School. No. 43, L.I.S.D. Media Center.
	Who cleans the school?	

Content	Motivating Questions	Teaching Suggestions
	Is school a public place?	Discuss that a school is a public place; i.e. it belongs to everyone like the post office; etc. Give several examples.
	What is a public place?	
	How should you behave in a public place?	
	Who owns a public place?	
	What do we find in a school?	Organize a tour. Show the children the school office, cafeteria, washrooms, nurse's room, classrooms, etc. Relate that all classrooms are the same or almost the same.
	What is a cafeteria?	
	How should you behave in the cafeteria?	Make a chart of rules to be observed in the cafeteria.
	What is an office?	After tour, have children illustrate or draw the room or things they remember the most.
	Who should be responsible for taking care of these areas?	Show film: Beginning Responsibility: Taking Care of Things, No. 45, L.I.S.D. Media Center.
	What is a library?	
	How should you behave in the library?	
	What kind of language do they teach in a language lab?	
	What is a laboratory?	
	What is a school playground?	Take the children on a playground tour. Show them the different areas for different activities:
	What kind of games can we play in the playground?	a. circle game area b. baseball area c. basketball area d. dancing area e. free play area
	Who takes care of the playground?	After the tour, have a free discussion on "My Favorite Area."
	How can you help take care of the playground?	
	Who takes care of us in the playground?	Suggest names of sports and how it is they are played. Show film: Primary Safety: On the School Playground, No. 12, L.I.S.D. Media Center.

Content	Motivating Questions	Teaching Suggestions
	When do we use the playground?	
	Why are there many rooms in a school?	
	Why is it necessary to respect school property?	Discuss school property - land where building is located, the building itself, and all its equipment inside.
	What is my responsibility if I see another person destroying school property?	Develop an awareness of the responsibility of every boy and girl to take care of the school and its contents such as books, teachers' property, and children's property.
	What happens if we write on the school walls?	Show film: Beginning Responsibility: Other People's Things, No. 44, L.I.S.D. Media Center.
	What happens if we break a school window?	Show and discuss with the children how "to respect" school property by showing them how each school item should be used – i.e., walls of a school are to shield and are not to be defaced by writing on them; washrooms are to be used like one uses one's washroom at home; windows are used for ventilation not to stop a ball or a football, etc.
	Should we write on our desks? Why or why not?	
	What happens if we play ball with erasers?	Emphasize that if one does not use a thing for its purpose, one is not respecting the item or thing.
	How can children take care of school property?	Show film: Beginning Responsibility: - The School and Playground, No. 13, L.I.S.D. Media Center.
	Why do we have to take care of our school?	Reemphasize that the school belongs to every boy and girl.
	What is a service club?	Develop an awareness that every boy and girl has duties at home to keep his home beautiful.
	Why should we join a service club?	
	Who can join a service club?	Organize school clubs for school services; i.e., Safety Patrol, Courtesy Service Club, Library Service, Keep Our School Beautiful Club, etc.
		Make children aware that each club has its objectives aimed at helping the school and caring for its property.

Content	Motivating Questions	Teaching Suggestions
		Discuss:
	How does one develop one's responsibility in the classroom?	(a) Doing one's duty to the best of one's ability – i.e., parents' responsibility - to feed, to clothe, to shelter; teachers' responsibility - to teach every child to the best of his ability regardless of color, race, etc. Project: Each pupil should be assigned a duty.
	Why should we do our assigned duty in the classroom? What happens if we do not do our duty?	(b) Developing an awareness of forming a habit of a particular duty. Illustrate how to take care of your own property, such as - individual tablet, pencils, etc.
	What are some of the responsibilities that we have in the classroom?	(c) Doing one's best to do what the teachers ask. (d) Having one's desk neat.
	Why should we cooperate in the classroom?	(e) Fixing books neatly after being used.
	What happens when we are sassy in the classroom?	(f) Being prompt. (g) Cooperating with classmates in group activities – i.e., dancing, choral reading, acting, etc. Show film: Beginning Responsibility: Books and Their Care, No. 2, L.I.S.D. Media Center.
	Why should we be prompt? Why should we carry out our responsibilities in the classroom?	(h) Cooperating with classmates in individual activities, – i.e., emptying trashcan, taking care of plants, feeding pets, arranging and moving furniture, etc. Show film: Beginning Responsibility - Being on Time, No. 42, L.I.S.D. Media Center. Discuss: Group Living Each member of a group has an assigned duty to do. If a member neglects his duty, he is left out of the group and this gives him a sense of failure.

Content	Motivating Questions	Teaching Suggestions
		Discuss: Feelings How does one feel when one is praised? How does one feel when one is criticized? Which one do you like best? Why?
		Discuss: Doing Things Together Show film: Our Class Works Together, No. 48, L.I.S.D. Media Center.
	How should one show respect to one's teacher?	Discuss: Manners at home – i.e., not to talk when someone is talking, avoid being sassy, understanding that the teacher has an aim in teaching me, eventhough I do not understand objective.
	What are some of the objects that we need to share in the classroom?	Cut out pictures and paste to illustrate idea of sharing.
	Why do we need to share things?	Have a puppet show and carry out main theme on sharing objects.
	How do you feel when you do your part in sharing?	Show film: Fairness for Beginners, No. 6, L.I.S.D. Media Center.
2. At Home	What are some of your chores?	Elaborate on the different duties performed at home.
a. Chores you do alone	What chores do you do alone?	Organize a group of children to pantomime and dramatize the different ways children carry out their given responsibilities at home.
	Which chores do you like to do best?	
	Which chores do you dislike?	
b. Daily chores	Which chores do you do daily?	Show a picture of a child helping her parents with daily chores.
c. Weekly chores	Which chores do you do weekly?	
d. Chores you do with others	Which chores do you do with others?	Cut out pictures from magazines illustrating responsibility.
	Why is it necessary to perform your chores at home?	Direct singing games to tune of "Mulberry Bush."
	Why do you have to help and do your part?	

Content	Motivating Questions	Teaching Suggestions
	How do your parents feel when you do not perform your chores?	Show film: Our Class Works Together, No. 48, L.I.S.D. Media Center. (recommended for 3rd grade only.)
	What should be done by parents if the child does not carry out his responsibilities?	
	What is individual responsibility?	Ask a student, "Did you brush your teeth this morning?" If the answer is "yes" teacher comments: You were trained by your parents to brush your teeth. Now that you brush them without your parents telling you, it is an individual responsibility - your own duty.
	What are some of your personal responsibilities at home?	Cut out pictures showing children performing different responsibilities.
	Why do we have to brush our teeth?	
	Why do we have to take a bath?	
	Why do we have to study?	
	What is group responsibility?	Discuss: Who runs a home? Who runs a classroom? Each member of a group has a given duty. When something is done by a group, we say it is done through group responsibility.
	What are your responsibilities as part of the family?	
	Why should we keep our room neat?	
	What happens if we have a dirty (unkept) room?	

Content	Motivating Questions	Teaching Suggestions
B. Role playing and friendships		
1. Qualities of friends	What is a friend?	Show poster of a boy or a girl and his or her friend.
	Why is it necessary to have friends?	Elicit conversation about friends in class.
2. Making friends	Who are your friends?	Have the children describe their friends.
	Who are you a friend of?	Have each child draw a picture of his favorite friend.
	How are you a friend?	Have a Show and Tell period to illustrate each child's favorite friend.
	Why is it necessary to have friends?	Write sentences on "I like my friend because ------."
	Do you help your friends when they need you?	Show film: Courtesy for Beginners, No. 5, Fairness for Beginners, No. 6, Getting Along with Others, No. 7,
	What is the role of a friend?	L.I.S.D. Media Center.
C. Limitations and differences		
1. All alike	How are we all alike?	Group children to distinguish differences in size.
	How are we different from one another?	Group to distinguish hair, color, differences, eyes, etc.
	What are some physical differences between classmates?	Illustrate how tall children can reach higher where as smaller children can get out of smaller places.
		Use yardstick to measure different heights and weights.
	Is every one in the class the same size?	Count to see how many children have brown eyes, black hair, red hair, etc. for comparison.
2. Like no other.	In which way are we different from one another?	Make hand patterns in a mural to compare the different sizes of hands.
3. Similar to others	Does everyone have the same color of eyes, hair, skin, etc.?	Discuss why some children can perform some activities better than others.

Content	Motivating Questions	Teaching Suggestions
	Why are we alike?	
	Why are we different?	Make profile silhouettes using movie projector lamp and construction paper.
	Does it change our personality because we are different?	Make fingerprints and footprints.
	Would you like for everybody to be alike? Why? Why not?	Record children's voices to notice difference in pitch.
		Make complete outlines of children on butcher paper. Note difference in height, hair, and eye coloring. Weigh and measure each child to note differences in height and weight.
4. Advantages and disadvantages in being different - alike	What are some of the advantages of being different or alike?	
	What are the disadvantages of being different or alike?	
	Is being different wrong?	
	Should we be like everybody else? No one else?	
5. Different talents and limitations	Why is it that all of the children in the class do not get the same grades?	Show children their test papers and compare the different grades acquired in various subjects.
	Why is it that some children do better in one subject than in another?	Explain that we are not the same mentally, and therefore some children perform better in some subject areas than others.
	Why can some children draw better than others?	Show how different children's drawings differ from one another.
	What would it be like if everyone could draw exactly alike?	
	Should everyone get the same grades? Why or why not?	
	Should we feel bad because we do not get perfect marks?	Discuss why some children make better grades than others.

Content	Motivating Questions	Teaching Suggestions
6. Victories - defeats	How do you feel when you win after playing a game?	Play a baseball game and discuss the aspects of winning and losing. State why it is necessary to be a good sport whether one wins or loses.
	How do you feel when you lose after playing a game?	Show film: Fairness for Beginners; No. 6, L.I.S.D. Media Center.
	Should you win all the time? Why or why not?	
	Should you fight if you lose a game?	
	Why is it necessary to be a good sport when winning or losing?	Show film: Fairness for Beginners, No. 6, L.I.S.D. Media Center.
D. Understanding Feelings	What are feelings?	Draw pictures showing people experiencing different feelings.
	What types of feelings have you experienced?	
1. Happiness	Do your moods or feelings affect other people around you?	Cut out pictures showing people's different expressions.
2. Sadness		
3. Loneliness	Why do your moods or feelings affect other people?	Show the film, No. 57, What To Do About Upset Feelings, L.I.S.D. Media Center.
4. Sickness		More films include:
5. Anger	How can you learn to control your feelings?	No. 8, What to do About Upset Feelings - L.I.S.D.
6. Tiredness	What caused you to express your feelings?	No. 5, Courtesy for Beginners - L.I.S.D.
7. Love	How do you act when you are in certain moods?	No. 7, Getting Along with Others - L.I.S.D. (These films are at the Media Center)
		Make a chart out of pictures from magazines showing the different expressions of feeling.
	Why should we be careful of what we say to others when we are in a bad mood?	Read: What Do You Say, Dear? by Sesyle Joslin, Young Scott Books, N.Y. (This book is also printed in Spanish for rrelation to Spanish instruction.)

Content	Motivating Questions	Teaching Suggestions
E. Being aware of strangers	Has anyone whom you do not know (stranger) ever tried to give you candy or chewing gum on the street?	Tell the story of "Little Red Riding Hood" and "Gingerbread Boy."
	Should you stop to talk to a stranger who offers you any kind of pill?	Filmstrip and Film "Little Red Riding Hood." Song on tape "Don't Talk to Strangers" by Ray Felger, Title III.
	Has an older child tried to offer you a substance to smell or taste during or after school?	Emphasis should be placed on avoiding temptations and dares from older children. Point out that often the danger may lie with persons known to the child. Show film No. 14, Safety After School, L.I.S.D. Media Center.
	Why would a stranger try to offer to do a favor for you?	Read: "The Dangerous Stranger" - Children's Playmate Magazine, March, 1970.
	Do you listen to a stranger when he tries to stop you on the street?	Correlate with numbers. Teach children to notice plate numbers. Have them bring old license plates and play games using them like flash cards.
	Where do you go for help when a stranger approaches you?	Role playing - depicting child and strangers in different situations. Show film - Red Light, Green Light, L.I.S.D. Media Center, Strongly recommended by committee for all primary and intermediate grades.

TEACHER'S NOTES

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS
LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

Concept: Drugs are substances used to alter mood or behavior. Grade Level: I

Content	Motivating Questions	Teaching Suggestions
Drugs and substances are within children's reach.		
A. Over-the-counter drugs	Have you ever been with your parents when they purchased medicines in a food store or from a shelf of a drug store?	Bring in empty bottles of counter drugs that can be purchased without a prescription.
	What kind of medicines do your parents buy? Should you be able to buy medicines at the store? Why? Why not?	Develop the concept that over-the-counter drugs are drugs sold without a prescription from your doctor.
	What are over-the-counter drugs?	Make a bulletin board displaying the different types of containers over-the-counter medicines come in.
	What drugs are in pill form?	Take children to the school clinic to see the medicines in the cabinet and discuss their use.
	What drugs are in liquid form, salve form, and spray form?	
	What drugs do you have at home that were purchased over the counter?	Take the children on a field trip to the nearest drug store or food store to see the different types of drugs sold.
	Who can buy these drugs?	Role-playing activities-depicting doctor, nurse, mother, father, and child.
	How are they used?	Read: True Book of Health, Olive V. Haynes.
1. Aspirins	What are aspirins? How do you take an aspirin?	Empty aspirin bottles should be brought to the classroom to see the different brands and strengths of each one.
	When should you take an aspirin?	
	Why is it important for everyone to read the directions on the label of an aspirin bottle?	The directions on the labels should be read to the children and explained very carefully.

Content	Motivating Questions	Teaching Suggestions
	Who should give you the aspirins?	
	Why do you need permission to take an aspirin?	Stress the importance of aspirins when used correctly.
	How do you feel after you take an aspirin?	
	What happens if you take too many aspirins?	
	Why do some aspirins taste like candy?	
2. Cough Syrups	When should cough syrups be taken?	Bring in samples of the medicines to show the children what they look like.
	What symptoms require cough medicine to be taken?	Bring a tablespoon and a teaspoon to class and let the children see the difference in the dosage by using water.
	Who should give you the medicine?	Read one of the labels from a bottle of medicine to show where the directions and precautions are found.
	How do cough medicines make you feel after taking them?	*Refer to the bulletin board example at end of Level I guide.
3. Digestive Upsets	Whom should you take the medicine from?	
	What do these medicines look like?	
	When should you take medicine for digestive upset?	
	How do you know you need a medicine for digestive upset?	
	Have you ever taken any medicine for any upset stomach? What kind?	
4. Laxatives	What do laxatives look like?	
	When should laxatives be taken?	
	When should you not take a laxative?	Discuss the different types of laxatives.
	What else can be taken instead of a laxative?	Bring in pictures of fruits, gums, candies that can sometimes be taken instead of a laxative.

Content	Motivating Questions	Teaching Suggestions
5. Medicine Cabinets	What are some articles that are found in a medicine cabinet?	
	How many articles are in your medicine cabinet?	Read the labels from several medicines as to the precautions of overdosage.
	Why aren't you supposed to play with the medicine cabinet?	Get a chart from a local drugstore showing the preventive measures to be taken in case of overdosage in medicines and poisons.
	Why is it safe to keep these articles in a cabinet?	
	Why is it necessary to read the labels on medicine bottles?	Read the labels from several medicines as to the precautions of overdosage.
6. First Aid	What do we mean by first-aid medicines?	Show film; No. 10, Germs and What They Do, L. I.S.D. Media Center.
	When should you use these medicines?	No. 52, How Billy Keeps Clean, L.I.S.D. - Media Center.
	How can these first aid medicines be used?	
	Who should apply the medicines?	
	How can you prevent an infection when you have a wound?	
	Why are these medicines always kept away from small children?	
	What happens if you drink mercurochrome?	Stress the use of medicine for external use only.
	When should mercurochrome be used?	
	How should it be used?	
7. Poisonous-medicines	Have you ever seen a bottle of medicine with a skull and cross bones on the label?	Bring in bottles of medicine showing the skull and cross bones or poison label.

Content	Motivating Questions	Teaching Suggestions
		Stress the importance of such a warning. Make a poster showing a bottle of medicines with a skull and cross bones of poison label.
	What does this mean?	
	What bottles have you seen that were labeled poison or have the skull or cross bones on it?	
	Why should some medicines be labeled as poisons?	
8. Allergic reactions	Have you ever taken a medicine and had a reaction to it?	Make a bulletin board showing drugs in the home such as- 1. aspirins 2. cough medicines 3. medicines for digestive upset 4. laxatives 5. first-aid 6. prescription drug
	What happened to you?	
	What were you allergic to?	
B. Prescription drugs		
1. The doctor's role	Who is a doctor?	Illustrate pictures of a doctor and of a hospital.
	Who has never seen or been to a doctor?	
	How many of you have been to see a doctor?	Have a nurse come to the room and talk to children about a visit to the doctor's office.
	Are you afraid of the doctor? Why? Why not?	
	Why have you gone to a doctor's office?	Bring a play doctor's kit to the classroom and explain the items in it.
	Has a doctor ever been to your home?	
	Have you ever seen a doctor at the hospital?	

Content	Motivating Questions	Teaching Suggestions
	Why have you had to see him at the hospital?	Look for pictures of doctors in magazines and cut them out for display in the room.
	What has the doctor done to take care of you or anyone else in your family?	Show film:No. 718, Health Families, L. I. S. D. Media Center.
	Did the doctor prescribe a liquid medicine?	Develop the concept that doctors specialize in different fields of medicine.
	Did the doctor give you an injection (Shot)?	
	Did the doctor tell someone in your family to give you a homemade remedy?	
	What kind of medicine did he give you?	
	Where did you go to get the medicine prescribed by your doctor?	Discuss who should give the medicine prescribed by the doctor.
2. The pharmacist's role	Who is the pharmacist?	Illustrate picture of the pharmacist and the drug store.
	Where does the pharmacist work?	Name items that can also be found in a drug store.
	How does he know what medicines we need?	Bring into the classroom empty containers of prescribed drugs and give the reasons for the directions, numbers, and date.
	How does the pharmacist give us our medicine?	
	What purpose does the pharmacist serve in the community?	
	Can anyone be a pharmacist? Why?	

Content	Motivating Questions	Teaching Suggestions
	How does prescribed medicine differ from counter medicines?	[illegible] drugs and give the reason for the directions and [illegible]
3. Nature of prescription drugs	Who can give us a prescription drug?	Explain that you need a prescription for a lot of our medicines.
	How can we get prescription drugs from a drugstore?	Bring in samples of prescribed medicines. (empty)
	When do we need to have a prescription?	
	Why are the drugstore prescribed medicines sold with a label?	Discuss the danger of a drug during its potency.
	What does the label include?	Make a scrapbook of labels from different medicines brought to class by children.
	Why is there a date on each prescribed medicine?	Show film:on Sleeping Beauty, No. 31, L. I. S. D. Media Center.
	Should we take a long-dated medicine?	
	Why is the name of the patient on the label?	
	Can these drugs be refilled?	
C. Common substances normally not considered drugs		Develop the concept that excess in everything is dangerous-eating, drinking, working, playing, etc.
1. Mood and behavioral modifiers of children		
a. Chewing gum	How do you feel when you chew gum?	Make a bulletin board using pictures of substances used as mood modifiers.
	Does chewing gum sometimes change the way you feel?	Use (3M) transparencies A-2 and A-3 to draw out oral discussions on things that children might eat or drink. These transparencies are available through members of the drug committee here in Laredo or at Media Center.
b. Eating sweets	How do you feel when you eat sweets or drink sodas?	

Content	Motivating Questions	Teaching Suggestions
c. Drinking soda or pop	Does it make you feel better When do you feel like eating them?	Cut out pictures of children eating, chewing, or drinking these substances used as mood modifiers from magazines the children bring in.
	Why do you get upset sometimes when you can't have these?	Have pupils make collages using pictures of people using mood modifiers. Correlate with art.
2. Mood and behavioral modifiers of adults		
a. Cigarettes	Why do some adults smoke? Is smoking harmful to the body? Where have you heard that smoking is harmful to your body?	Use (3M) transparencies to show adults smoking cigarettes, a man smoking a pipe, drinking beer, and others. Transparency (A-5) available through the members of the drug committee here in Laredo or at L. I. S. D. Media Center.
	What do you think smoking will do to a person?	Have children report on smoking commercials seen on TV against smoking.
	What do you think should be done about smoking?	
b. Beer	Why do some adults drink?	
c. Liquor	Do you think they feel better and more relaxed after a drink?	
d. Tea		
e. Coffee	Do adults pay more or less attention to you when they drink?	
	Do adults act differently when they smoke or drink?	Make posters showing adults using different mood modifiers by cutting pictures out of magazines.

TEACHER'S NOTES

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS
LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

Concept: Plants affect man in different ways. Grade Level: I

Contents	Motivating Questions	Teaching Suggestions
Some parts of the plant may be either harmful or beneficial to man.		
A. Harmful plants		
1. Plants (Total)		
a. Oleander (laurel)	What is an oleander?	Illustrate the parts of the oleander plants. (The oleander is not to be confused with the laurel cooking herb.)
	What does it look like?	Teacher should bring an oleander branch to familiarize the students with the plant.
	Do you have any oleander plants at home?	
	What color are they?	
	Why is the plant dangerous?	Develop the concept that the whole oleander plant is poisonous when eaten. Point out the fact that meat when speared on oleander twigs (ex. hot dogs) may become poisonous. Also, oleander twigs used as firewood for cook-outs can poison the meat. (Information from Texas State Health Dept.) Film: Plants that Grow from Leaves-Stems and Roots, No. 218, L. I. S. D. Media Center.
b. Poinsettia (noche buena)	What is a poinsettia?	
	Have you ever seen a poinsettia growing?	Bring a picture or the plant of a poinsettia.
	During what season does it bloom?	Develop the concept that this plant is usually displayed during the Christmas season and is usually grown in gardens. Draw a picture of the plant. Point out that the milky substance is poisonous when taken internally.
c. Poison-Ivy (zumaque)	What is poison-ivy?	Bring a picture to illustrate poison-ivy.
	hy is it poisonous?	

Content	Motivating Questions	Teaching Suggestions
	Where does it usually grow?	Emphasize that it is found in wooded areas and looks like a common tree leaf.
	What happens if you come in contact with this plant?	When you touch poison-ivy you will develop an irritating rash that spreads.
	Have you ever seen poison-ivy?	Antidote: Wash area with (alki) laundry soap and apply pharmaceutical medicine.
	What should you do if you come in contact with poison-ivy?	
d. Lily-of-the-Valley (mugueto-lirio de los valles)	What is a lily-of-the-valley?	Bring a picture or an artificial spray of the lily-of-the-valley.
	What does it look like?	
	Where does it grow?	
	When does it bloom?	Explain that it blooms in spring and summer and has fruits of reddish orange. Color appears in fall.
		Develop the concept that the plant is extremely poisonous when eaten because it stimulates the heart muscles. It causes irregular heartbeat and pulses, accompanied by digestive upset and mental condition.
e. Mushrooms-toadstools (hongo-champinon)	Have you ever tasted canned mushrooms?	Bring a can of mushrooms to illustrate that some mushrooms are edible and are used in cooking.
	Have you ever seen fresh mushrooms in the store?	
	Have you ever seen mushrooms (toad stools) growing in your backyard?	
	Why is it dangerous to pick and/or taste a mushroom from your backyard?	Emphasize that some wild toadstools, for instance amanita, are extremely poisonous. These amanitas contain muscarine. Amanita poisoning is characterized by wheezing, sweating, irregular heartbeat, and breathing. It can be fatal within an hour depending on the quantities consumed. Antidote: Call physician immediately. Have [illegible]tient vomit.

Content	Motivating Questions	Teaching Suggestions
2. Seeds a. Apple (prussic acid) (manzana) Chemical in seed H.C.N. acid	What is a seed?	Bring an apple to school and cut it up to illustrate the parts of an apple.
	Do you like apples?	
	What are the different colors of apples?	Describe the apple and its colors.
	Where do apples grow?	
	Why is it good to eat apples?	
	Where do you find the apple seeds?	
	Why are the seeds poisonous when chewed?	Emphasize that apple seeds are dangerous when chewed-not swallowed.
	How many seeds do you have to chew in order to be in any danger?	A handful of seeds are very dangerous and can prove fatal. (H.C.N. prussic acid)
		Have an apple party as a culminating activity.
		As an art activity, you can cut out apple patterns, staple the patterns together, and stuff them with newspapers.
		Display these stuffed apples on an "Apple Tree."
		Film: How Flowers Make Seeds, No. 216, L. I. S. D. Media Center. Seeds Grow into Plants, No. 90, L. I. S. D. Media Center. Johnny Appleseed, L. I. S. D. Media Center.
		Filmstrips: "The Little Red House" Song: "I Have a Little Apple". These are available in English and Spanish, E.S.L. Title III.
b. Peach (durazno)	Who likes peaches?	
	Is it a fruit to eat?	
	What color is the peach?	Bring a peach to illustrate the parts of the fruit and to become acquainted with it.

Content	Motivating Questions	Teaching Suggestions
	Can the seed casing be dangerous if you swallow it or if you break it open and eat its seed?	Cut it open and illustrate the seed casing and the seed inside. Point out that the seed of the peach is not poisonous in small quantities; but when taken in large amounts,it has proven fatal.
	What do peaches taste like?	Have a peach party to illustrate that the peach is good to eat and should be included in your diet.
	Do you have peach trees at home?	
	What do they look like?	Show the film: How Plants Help Us; No. 74, L. I. S. D. Media Center.
		Make a chart on different kinds of seeds.
		Make a seed picture using beans, corn, rice, peas, etc.
c. Apricot (chabacano)	What is an apricot?	Bring an apricot plant or a picture to the classroom to illustrate the parts of the fruit.
	Why is the seed dangerous when eaten?	Discuss the fact that the apricot is a tasty fruit; but if the seed is eaten in large quantities, it is poisonous.
	Where does it grow?	
	What color is it?	
	Do you have any apricot trees at home?	Draw pictures of the apricot trees and of the fruit.
	Is it good to eat?	
d. Castor Beans (Higuera)	What does a castor bean look like?	Bring castor bean leaves and seeds to class for demonstration - if not available, bring a picture.
	Have you ever seen the plant growing in the yard?	
	How tall does the plant grow?	
	What color are the beans?	
	lave you ever played with these beans?	

Content	Motivating Questions	Teaching Suggestions
	Why are these seeds exceedingly poisonous when chewed?	Emphasize that although these plants grow abundantly in this region, the seeds are very poisonous when chewed because they contain recin. They cause nausea, vomiting, intestinal cramps, and sometimes convulsions. Antidote; Call the doctor; have patient vomit.
3. Leaves		
a. Caladium (elephant-ear family)(caladio)	Have you ever seen a caladium plant growing?	Bring a caladium plant to school or grow one in the classroom to familiarize the children with the plant.
	What colors are they?	
	Where do they grow?	This plant grows from a bulb and is found in shady gardens.
	Why are they dangerous when chewed?	Develop the concept that the leaf, when chewed, causes irritation and swelling of the mouth and may cause blockage of breathing.
		Have the class make a leaf collection or a chart for your room.
		Make leaf prints.
b. Lantana	What is a lantana plant?	Lantana is a common ornamental plant grown outdoors in the South.
	Where does lantana grow?	
	What does it look like?	
	Do you have any lantana growing in your yard?	
	What colors are the flowers?	Flowers are lavender pink clusters with yellow centers.
	What part of the plant is considered poisonous?	Eating of the leaves causes extreme muscular weakness and circulatory collapse. Less severe cases have displayed signs of gastrointestinal irritation.

Content	Motivating, Questions	Teaching Suggestions
c. **Larkspur** (espuela de caballero)	What is a larkspur?	Bring a picture of a larkspur or a larkspur plant if available.
	Have you ever seen a larkspur growing in your yard?	
	What color are the flowers of a larkspur?	Compare the different colors of larkspur found in the garden.
	What are the effects when a leaf is chewed?	When a leaf is chewed, a tingling sensation of the mouth is produced. This is followed by excitement and severe depression. Antidote: Call a doctor. Have patient vomit.
	What happens if a cow eats this plant?	Bring out the fact that larkspur plants when eaten by cattle will kill the cattle due to the extreme bloating.
This section is optional. Its discussion and presentation are left to the teacher's discretion and to the maturity of her class.		
d. Marihuana Cannabis sativa	What is marihuana?	Illustrate the marihuana plant with a picture.
	Where does it grow?	
	What is the male marihuana plant used for?	Discuss that the male marihuana plant is used for making hemp or rope.
	What is the female marihuana plant used for?	Also discuss that the female plant is used as a hallucinatory drug. It is usually smoked.
4. Stems		
a. Tomato (tomate) dangerous vine	What is a tomato?	Bring and show the tomato and potato to class.
	Do you like to eat tomatoes?	Grow a tomato and/or a potato plant in class.
	Do you have any tomato plants growing at home?	
b. Potato (papa) dangerous vine underground stem-tube	How are potatoes and tomatoes dangerous?	Tomato and potato vines contain solanine, which is violently toxic. It causes irritation and injury to the digestive tract.

Content	Motivating Questions	Teaching Suggestions
	What part of the potato is poisonous?	Emphasize the concept of cleaning the green buds which are extremely poisonous.
c. Iris (iris)	What is an iris?	Bring an iris plant or the picture to class.
	Where is it grown?	
	What colors are the flowers?	The iris flower is purple and yellow and is found growing in gardens.
	What effect can the stem of the iris have on you if eaten?	Children should be warned not to eat the fleshy portions of the iris because it causes severe digestive upset.
		Show film: Plants and How They Grow, No.128, L.I.S.D. Media Center.
		The Wonderful World of Plants, No. 129, L.I.S.D. Media Center.
5. Bulbs	What is the bulb of a plant?	Bring different kinds of bulbs. Plant a bulb in the class to observe how it grows.
	What do bulbs look like?	
	Where are the bulbs of the plants found?	
a. Narcissus (daffodil) (narciso)	Why is it harmful to taste or eat the bulb of the narcissus?	Bring a bulb of the narcissus and the hyacinth. If the plant is not available, show pictures of these plants.
b. Hyacinth (jacinto)	Is it dangerous to eat the bulb of the hyacinth?	Develop the concept that the narcissus and hyacinth bulbs contain active substances which cause severe digestive upset when eaten.
		Culminating Activity: Schedule a trip to local garden centers to see the different plants and to collect leaves if permitted.
B. Beneficial Plants		
1. Edible Plants		
(a) Fruits	What is a fruit?	

Content	Motivating Questions	Teaching Suggestions
(4) Peach- valuable for its carbohydrates; contains proteins fat, and minerals.		Have a meal planning unit to show the role that fruits play in our daily diets.
(5) Orange- contains sugar, vitamins A,B,C, and minerals salts.		Bring juice cans of papaya, apple, peach, pineapple, etc., to let children taste these juices.
(b) Vegetable (1) Lettuce - contains vitamins A and B; has no calories.	What is a vegetable?	Explain what a vegetable is and show them pictures or samples of common vegetables.
	Who can name some common vegetables?	Bring actual vegetables for illustrations. Explain how these vegetables are used in meals. Learn the names and colors of vegetables.
(2) Peas - contain as much protein and energy value as meat; contain vitamin A and C; can be used for food for dairy cows and sheep.		Show the Film: Why Eat Our Vegetables? No. 58, L.I.S.D. Media Center.
2. Non-edible plants (a) Pecan (nogal)	What does the pecan tree look like?	Bring a branch of the plants mentioned and discuss their uses. Show pictures of these plants, if the plant is not available.
	What does this plant produce?	Tell how those plants are valuable to mankind. Develop the concept that the pecan tree is our state tree.

Content	Motivating Questions	Teaching Suggestions
	How many fruits can you name?	Bring the fruits mentioned in the content to the classroom. Show them the fruit, so that they may become familiar with it.
	Can these fruits help you? How?	
(1) Banana-considered as a true drug plant; has served as a specific treatment for celiac disease and prescribed as part of the diet in cases of typhoid and other disorders; produces a useful fiber used for roofing houses or in making bags and mats.	What is a banana?	Show pictures of these fruits used during meals.
	What color is it?	Bring enough of several fruits for the children and let them taste it.
	Do you have banana trees at home?	Show the film: How Plants Help Us, No. 74, L.I.S.D. Media Center.
		Make a notebook pertaining to edible plants.
(2) Papaya and pineapple provide proteolyic enzymes to reduce bruising and swelling; used as antibiotics.	What is a papaya?	Draw pictures of papayas, pineapples, apples, peaches, etc.
	Have you ever seen a papaya?	
	Do you have any papaya plants at home?	
	Where do papayas generally grow?	Correlate with geography to illustrate the sections of the country these fruits are grown in.
(3) Apple--may be eaten raw; used in making jellies, pies, pudding, applesauce, and dumplings, frozen or dried, can produce cider, vinegar; contains vegetable acid which is very healthy.	What is a pineapple?	
	Where do pineapples grow?	

Content	Motivating Questions	Teaching Suggestions
b. Mesquite - wood used for fuel and for fence posts.	What is a mesquite tree?	
	Have you seen one?	
	Have you ever chewed on the fruit of a mesquite tree?	
	What is the mesquite seed used for?	The mesquite seeds are used as roughage for cattle. Mesquite seeds are also high in nutritional value.
		Show the film:- How Trees Help Us, No. 78, L.I.S.D. Media Center.
c. Ivy-ornamental value.	What is an ivy?	Bring samples of ivys to class. Show that these plants are used for decorations.
	Do you have some at home?	
	What size are they?	Point out that the ivy leaves are found in different sizes.
d. Tumbleweed-used for decoration.	What is a tumbleweed?	Illustrate that the tumbleweed can be coated with detergent flakes and sprayed to make a snowman.
	Have you seen a tumbleweed rolling down the street?	
e. Huisache-produces honey and perfume.	What is a huisache? What is it used for?	Discuss that a huisache tree is found in the Southwest. It produces sap [illegible] and is used to make perfume.
	Is it easy to climb?	It is hard to climb, because the bark is thorny.
f. Oak-used as a shade tree and produces valuable material.	What is an oak tree?	The oak tree symbolizes sturdiness and strength. Most oak trees live about 200 to 300 years.
	Is it tall and sturdy?	The town of Encinal, Texas, was named after the oak tree. The Spanish name is Encino.

TEACHER'S NOTES

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

Concept: An understanding of the poison potential of commonly used substances in the home is essential to the health and safety of the child.

Grade Level: I

Content	Motivating Questions	Teaching Suggestions
Some poison potential chemicals are found in the home.		
A. Detergent	What is a detergent?	
1. Dish Washing	How many detergents can you name? What are detergents for? Who uses detergents? Should you play with detergents? Why is it dangerous to swallow detergents? Where are detergents kept? What is a safe place to keep detergents?	Bring different empty boxes of detergents to illustrate their uses. Also bring empty bleach jugs to read the labels for instruction on their usage. Make a notebook out of detergent boxes and paste labels of useful, yet dangerous household products. For Math, display sets of different detergents to be used for counting. Place small amounts of different kinds of detergents in water. Watch the effect as each sample dissolves. Observe if the solution bubbles, fizzes,, etc...... Bring in samples of powder detergents and liquid detergents. Explain the differences. Allow children to feel the differences.
2. Laundry	What is bleach? What is it used for? Who uses it? Why is it so dangerous to drink bleach?	Bring a bottle of bleach. Place a small nylon or rayon cloth in bleach. Let it soak all morning. Watch to see if the cloth yellows or sheds. Place cotton cloth needing bleach. Let is soak. Watch for results.

Content	Motivating Questions	Teaching Suggestions
	What should you do if you take bleach internally?	
3. Household Chemicals	What is a household chemical?	Compile a master list of household chemicals.
	How many household chemicals do you have in the home?	Discuss why these chemicals are necessary to have around the house, but stress that they can be harmful when misused or taken internally.
	What are these chemicals used for?	
B. Aerosol Sprays		
1. Hair spray	What is an aerosol spray?	Bring different kinds of aerosol sprays and discuss what they are used for.
2. Deodorant	What are aerosol sprays used for?	Discuss the dangers of puncturing spray cans since they are pressurized.
3. Air freshener	How many different kinds of sprays do you see at home?	
4. Paints	Why is it harmful to inhale sprays?	Relate the fact that if an aerosol spray can is ignited it will explode.
5. Household cleaners	Why is it dangerous to puncture aerosol spray cans?	
	What would you do if you accidentally sprayed your eyes?	
C. Lye and Ammonia		
1. Toilet bowl cleaners	What is lye?	Discuss warnings listed on the labels. Have children collect different labels and make a scrapbook of them.
2. Drain cleaners	What is it used for?	
3. Deodorizers	Where is it kept?	Have children create their own labels and place them on containers to warn of the potential danger of these substances.
	Why is lye so dangerous?	
	What happens when it gets in your eyes?	
	Should you play with lye? Why or why not?	
	What is ammonia?	

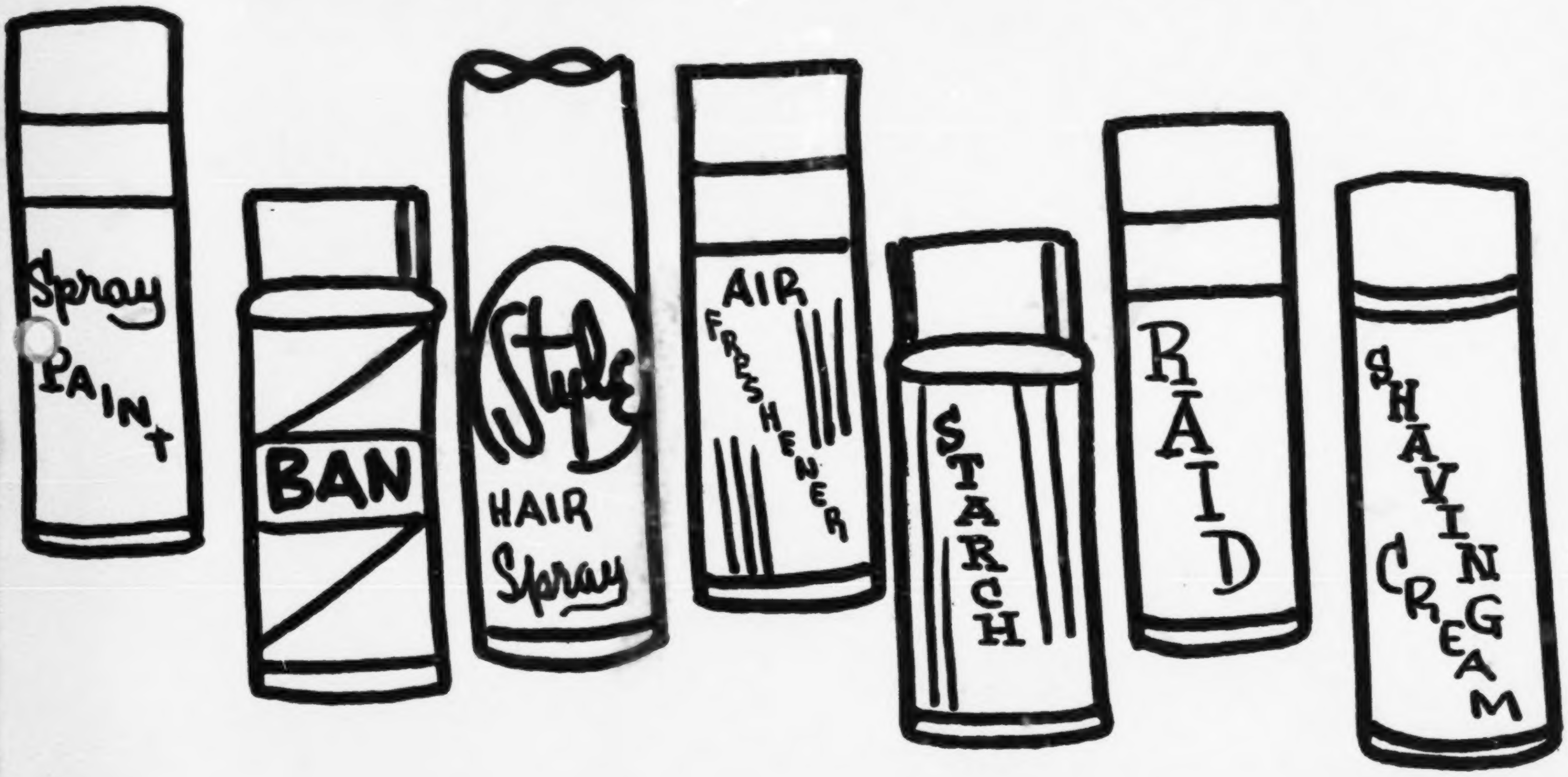
Content	Motivating Questions	Teaching Suggestions
	What is it used for?	Teacher should bring in a sample of ammonia and tell children of its uses.
	Who uses ammonia?	
	Where is it kept?	
	What are the effects of taking ammonia internally?	Have groups of children do more research on the uses as well as the dangers of lye and ammonia cleaners.
	What does it smell like?	
	Why is it dangerous to inhale ammonia?	
	How does ammonia hurt your eyes?	
D. Pesticides		
1. Ants and roaches	What are pesticides?	Bring different samples of pesticides.
2. Mosquitos	Who uses pesticides?	Discuss their usefulness.
3. Weeds	Where are they kept?	
4. Rat poisons	Why should children never handle pesticides?	Emphasize the extreme dangers of rat poison and that it should be handled only by adults. (Under no circumstances should children handle rat poison.)
5. Flea and tick sprays	When your house is fumigated, why should all pets be out of the house?	Discuss the precautions that need to be taken when a house is fumigated or sprayed for insects or rats.
	Why do pest-control men wear masks?	Emphasize the importance of fumigation.
	Why do you also have to stay out of the house for several hours?	
	Why should food be covered when spraying around the house?	
	Why should dishes be washed when house is sprayed with pesticides?	
E. Glue	What is airplane glue?	Have samples of airplane glue. Discuss some of the uses of airplane glue, such as for model airplanes or cars, mending and repairing furniture.
	Who uses airplane glue?	

Content	Motivating Questions	Teaching Suggestions
	What are some of the uses of airplane glue?	Bring a model airplane and use the glue to put it together.
	Why is it harmful to inhale airplane glue?	Teacher should relate the dangers of glue sniffing. Refer to "Glue Sniffing Big Trouble in a Tube," available at Resource Library, L.I.S.D. Media Center.
F. Fuels		
1. Gasoline	What is gasoline?	Illustrate with pictures the various uses of gasoline. Also emphasize the dangers of inhaling gasoline.
	What it is used for?	
	Does your mother use it at home? What does she use it for?	
	What are some samples of occasions when your fathers need to make use of gasoline?	
	Who should handle gasoline?	
	Why should gasoline be kept in a metal container?	
	What happens when you keep gasoline in a glass container?	Illustrate that gasoline is combustible in a glass container.
2. Kerosene	What is kerosene?	Talk about the nature of kerosene and its usage. Emphasize the danger of kerosene as a combustible and the harmfulness when taken internally.
	What is it used for?	
	Who should use kerosene?	
	Where should it be kept?	
	Why is kerosene dangerous when taken internally?	

TEACHER'S NOTES

BULLETIN BOARD SAMPLES

HANDLE WITH CARE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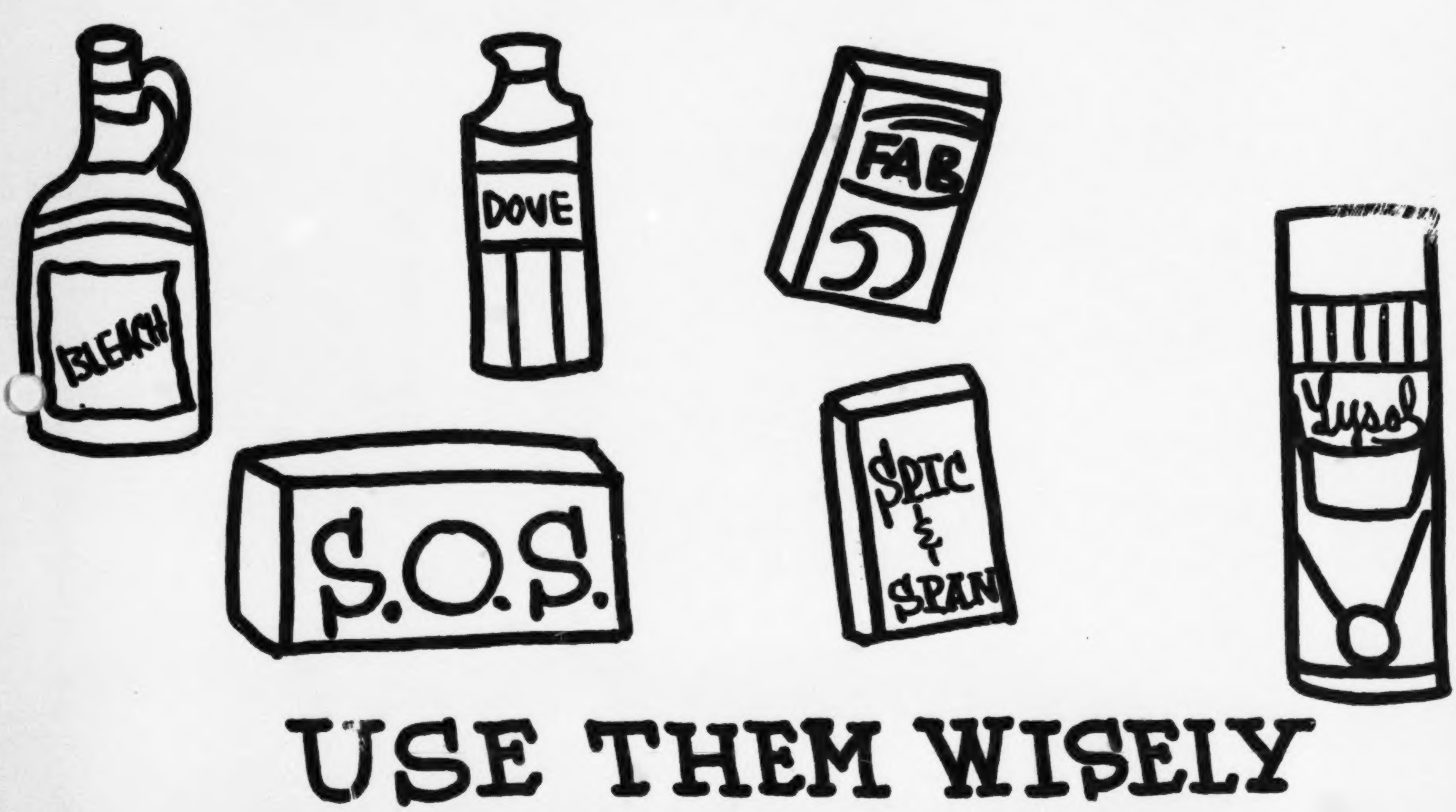
BAN
Style HAIR Spray
AIR FRESHENER
STARCH
RAID
SHAVING CREAM

USE WITH CAUTION

USE THEM OFTEN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DOVE
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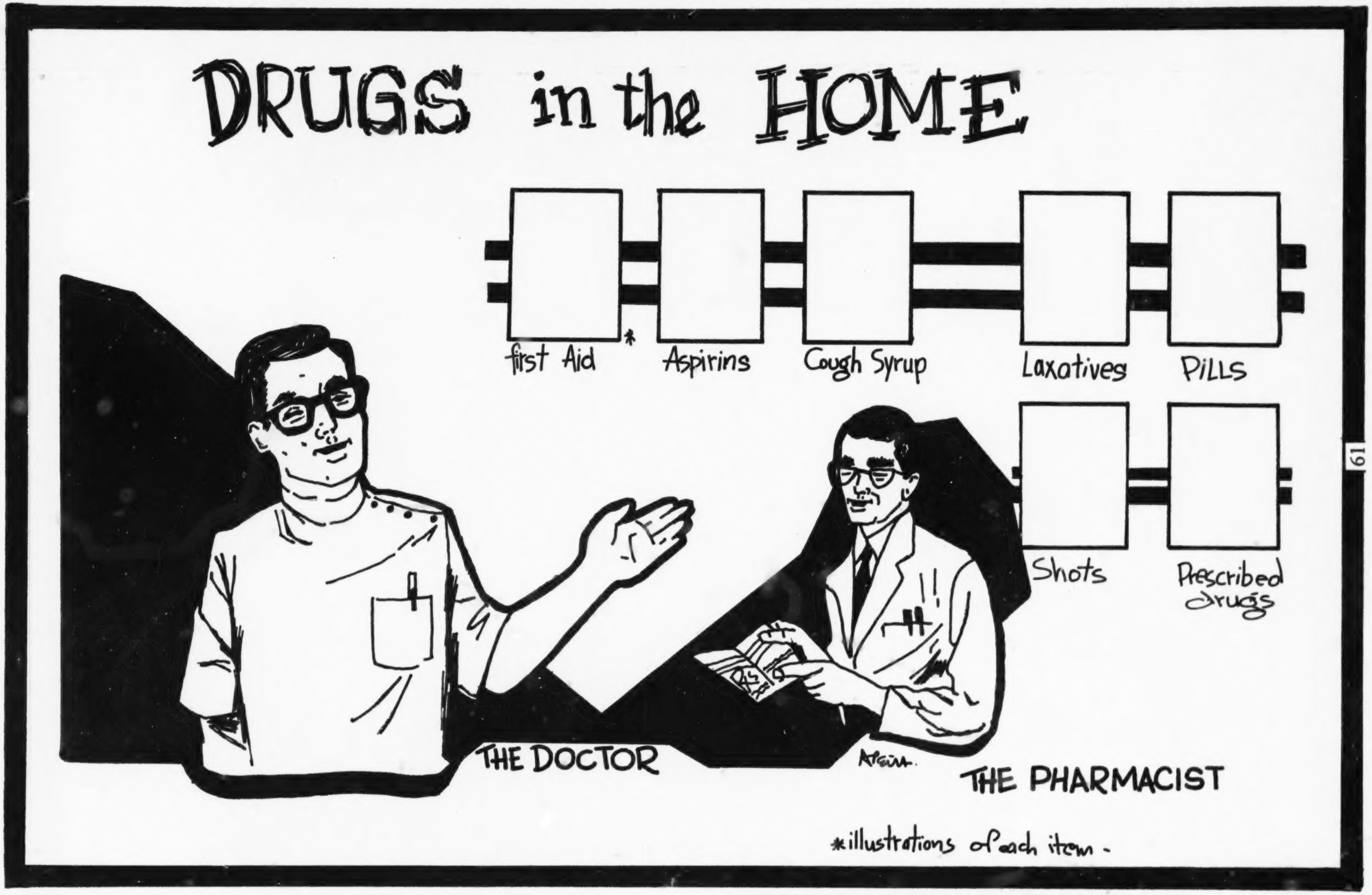
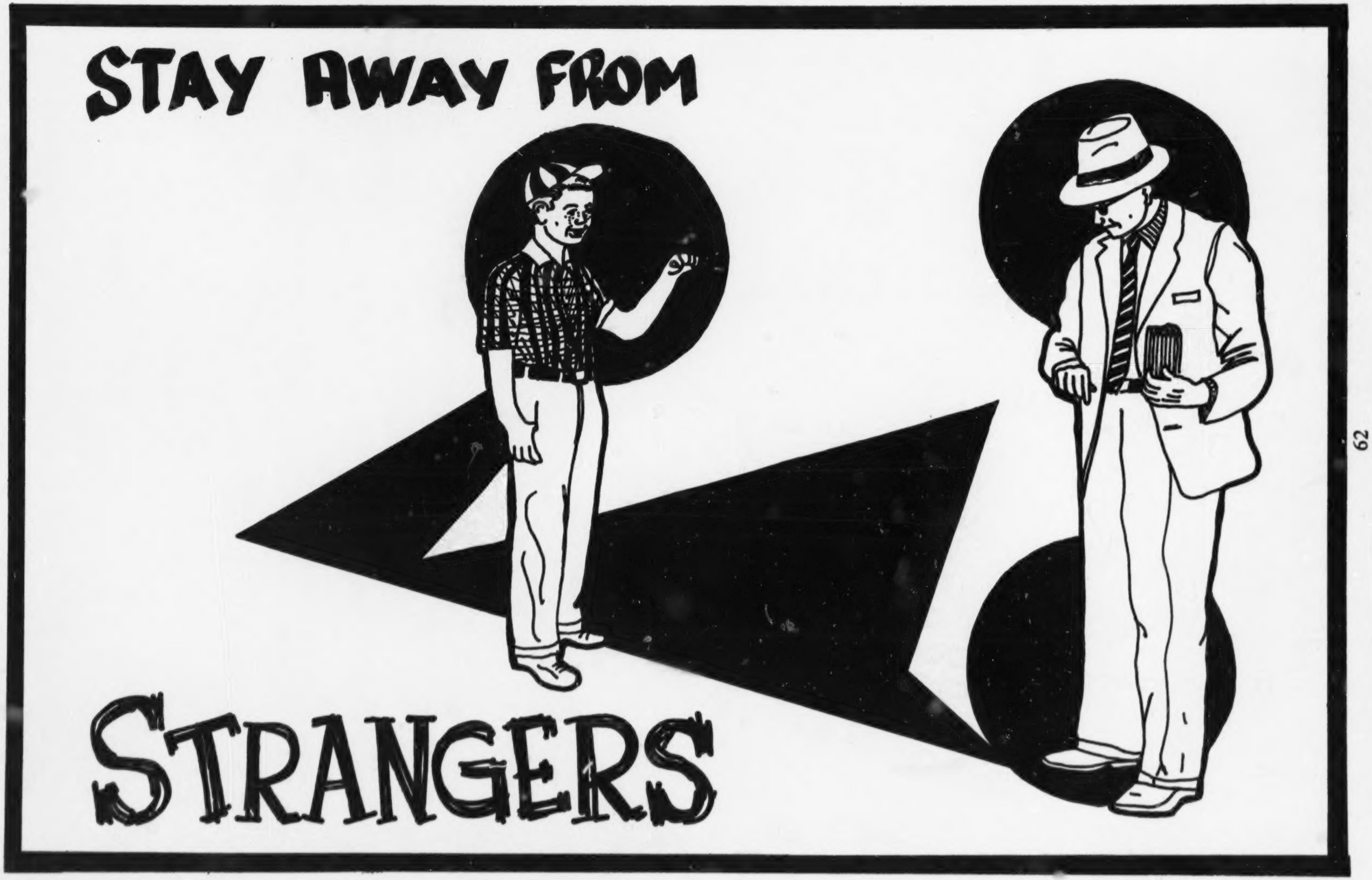
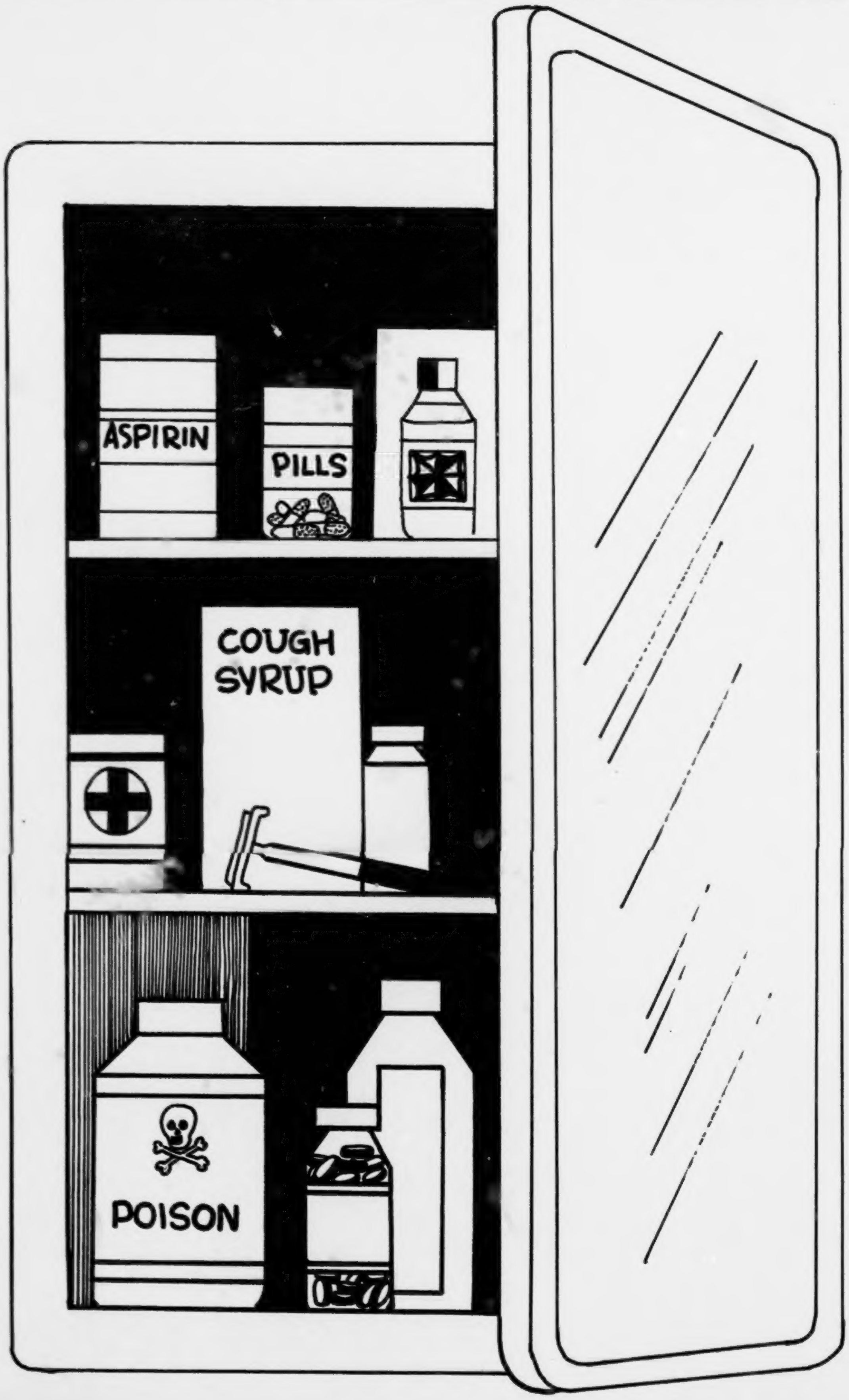
Lysol
S.O.S.
SPIC & SPAN

USE THEM WISELY


DRUGS in the HOME
first Aid *
Aspirins
Cough Syrup
Laxatives
PILLS
Shots
Prescribed drugs
THE DOCTOR
THE PHARMACIST
*illustrations of each item -

BULLETIN BOARD DISPLAY


STAY AWAY FROM
STRANGERS


ASPIRIN
PILLS
COUGH SYRUP
POISON

WHAT DO WE FIND IN THE MEDICINE CABINET

LEVEL II

Grades 4, 5, and 6

Grade 4 - focus on drugs as medicines

Grade 5 - focus on history, source of, and classification of drugs

Grade 6 - focus on drug misuse and abuse, laws and regulations, and social influences

INTRODUCTION TO LEVEL II

It is the responsibility of all teachers of the intermediate level (grades 4, 5, and 6) to guide the experiences of our youth through education on the subject of drugs-their use, misuse, and abuse. The realization of that responsibility resulted in a drug-oriented program for this level mainly dealing with the presentation of valid information through a wholesome, positive approach.. The curriculum content has been developed from the ironic contradictions which we are now facing with our rebellious, confused, and permissive youth.

There is not a period in the recorded history of our nation – and we could possibly include the world – when the need for adequate drug education was greater than it is today.

Therefore, with this in mind, Level II Committee members have set the following general objectives, hoping that each individual teacher will be able to follow and expand them:

To encourage the use of all literature in regards to character building;

To promote character and moral values through education on the aspect of abuse and misuse of drugs.;

To promote and to extend the conception that being a successful person with the family, school, and community requires understanding, knowledge, skill, and study;

To combat juevenile delinquency and drug abuse through promotion of programs designed to provide constructive use of leisure time for all children and youth.;

To work toward improving drug education so that young people may learn from their respective teacher the most recent objective knowledge about the relation of drugs and its use and misuse to physical and mental health as well as to social deterioration.

Delving into the problem of developing this guide has led us to believe that there exists a definite need to provide in our curriculum a satisfactory, functional, and educational process that will influence young people to avoid experimentation and use of dangerous substances. A democratic society, such as ours, demands that the school curriculum be tailored to the needs of our children and there is a definite need for accurate information about drugs and narcotics.

Without a doubt, the most important single factor in achieving major goals of education is the teacher. Hence, we appeal to the teacher to serve as the indispensable link between the student and his ability to become aware of the dangers in the misuse or abuse of drugs. His main tool will be this guide. We suggest that in addition to this guide, the teacher make use of Appendices A-E, Selected Reference Materials, so that he may have in his possession accurate, factual information.

To avoid redundancy and to prevent subject - matter overlapping in these three grades, we decided to focus on different topics of interest at the different grade levels:

(A) Grade 4 - focuses on drugs used as medicines;

(B) Grade 5 - focuses on the study of history, source, and classification of drugs;

(C) Grade 6 - focuses on drug abuse and misuse, the study of laws and regulations, and social influences.

There is no one who knows more intimately the needs of a classroom than the teacher. There is no one in a better position to say what should or should not be in a curriculum guide than the teacher. For that reason, the feedback resulting from this field - testing was of extreme value. That which did not prove successful has been deleted. What was applicable but needed to be modified or expanded for its proper implementation has been revised utilizing all ideas and suggestions which were thought fruitful.

GENERAL OUTLINE OF LEVEL II
GRADE FOUR UNITS

I. Personality is an important factor towards growth.
  A. Forces affecting development of personality
  B. Status of health and developmental progress
  C. The importance of a person being able to recognize his potentials and limitations
    1. Physical fitness (development)
      a. Influential heredity factors
      b. Influential activities
    2. Physical appearance
      a. Personal looks
      b. Posture
    3. Physical growth
      a. Rate of growth
      b. Problems in growth
    4. Mental habits and capacities
      a. Confidence
      b. Self-Control
      c. Attitudes
      d. Growth
    5. Social development
      a. Manners
      b. Dependability
      c. Responsibility
    6. Making the most of self
      a. Self-confidence
      b. Making decisions

II. Society demands contributions from everyone.
  A. School
  B. Community
  C. Family
  D. Self

III. There are many kinds of drugs that promote health.

- A. Drugs that combat disease
  - 1. Antibiotics
  - 2. Sulfa drugs
- B. Drugs that help prevent disease
  - 1. Vaccines
  - 2. Serums
  - 3. Others
- C. Drugs that relieve pain
  - 1. Analgesics
  - 2. Anesthetics
- D. Drugs that help body function
- E. Rules for using drugs for medicinal purposes

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

Concept: Man follows a definite pattern of growth due to wide individual variations existing within that pattern. The student must understand and accept his differences in order to better himself.

Grade Level: II-Grade 4

Content	Motivating Questions	Teaching Suggestions
I. Personality is an important factor towards growth.		
A. Forces affecting development of personality	Who is a person?	Have the students write descriptive stories about themselves without giving their names.
	What is personality?	
	How do my parents affect my personality? my friends? my church?	The students or teacher reads the stories.
	How does the environment in which I live affect my personality?	See if the other boys and girls can recognize the person from the description.
	How does my community affect my personality?	
	How do people differ from one another?	Have students write down behavioral patterns of their classmates, then compare notes.
B. Status of health and developmental progress	Why are people who are healthy generally happy people?	Have students make a chart on activities they can participate in when they are healthy.
	Why are hospitals sad places to visit?	If a student in the class has ever been a patient in a hospital, have him relate his experiences to the class.
	How do you act when you are sick? angry?	
C. The importance of a person being able to recognize his potentials and limitations	How can you distinguish a person's physical characteristics?	Discuss various physical traits: 1. height 2. weight 3. color of eyes

Content	Motivating Questions	Teaching Suggestions
		4. color of hair
1. Physical fitness	How do we grow (develop) physically?	Discuss heredity. General build of the body: 1. short 2. stocky 3. tall 4. thin
	Do children that exercise grow or develop better than others?	
	What are my physical limitations?	Suggest to students that they should have confidence in their ability to do their work well.
	How and why does a person overcome certain limitations?	
	How can we overcome self-conciousness due to differences in growth?	Students can overcome physical limitations by having a positive attitude.
a. Influential hereditary factors	How can I accept my differences?	Our present health book has some good suggestions on differences. (Consult health books to obtain information on physical differences.)
	Why am I different in physical appearance?	
	What determines my physical being?	Emphasize that some handicapped persons are very much able to live with their handicaps.
	Why am I different from others?	
	What characteristics did I inherit?	
b. Influential activities	What does physical exercise do for me?	Make a chart on how exercises develop the body. Discuss how a person feels better if he exercises daily.
	Is physical exercise important to the development of our bodies?	Have a survey with the classroom on how students are in favor of keeping physically fit by doing exercise. Suggest some group activities for physical fitness:
	Do I have to participate in any sport?	1. Pushups 2. Squat-thrusts 3. Standing broad jumps 4. Fifty yard dash
	What physical characteristics does a person need to live healthier, more fruitful, and richer life?	

Content	Motivating Questions	Teaching Suggestions
		5. Basketball drills 6. Football games 7. Volley ball games Suggestion: Follow procedure in P.E. handbook
2. Physical appearance		
a. Personal looks	How important is personal appearance?	Make a check list for personal appearance and use it each morning. Include the following check points on your list:
	Does personal appearance affect popularity?	1. Face 2. Hair 3. Teeth 4. Fingernails 5. Clothes 6. Shoes
	How would you like to look?	
	Do I know how to dress properly?	
	How can I improve my personal appearance?	Prepare a set of directions for taking good care of your hair.
		Write a story about a visit to a dentist.
	What are some factors that determine personal appearance?	Suggest to students that personal appearance is a social assest and adds to self respect.
	Why do people who have become drug addicts or constant drug abusers often look so shabby and run down?	Cut out some pictures from magazines and use as a basis for discussion.
b. Posture	Do you think that people who depend on drugs are physically fit?	Have students perform activities which require fitness. Let them see how important it is.
	How do people feel when they are sick?	
	How do people feel when they are healthy?	Praise and reward students after competitive activities.

Content	Motivating Questions	Teaching Suggestions
3. Physical growth		
a. Rate of growth	Why is it important not to let temporary growth changes rule us?	Use initiative to guide students to understand that these developing years are temporary and that there are more important things that lead to success and happiness than temporary physical appearance.
	Why shouldn't we let these growth changes affect us?	
	How can these fears be overcome?	Emphasize that growing-up is accompanied by changes in attitudes and interest.
	Does size really matter?	
b. Problems in growth	What are some problems due to physical changes?	Inform students that physical changes in the body such as height, weight, and other changes are healthy and normal. Keep records on height, weight, and other growth activities at the beginning, midterm, and end of the school year. Rest, sleep, food, and exercise affect physical growth.
	Will these habits cause permanent harm if not corrected?	
	What can children who have these problems do to realize that different growth-changes are normal?	
	Do all 4th graders go through the same physical growth?	Explain to children that boys and girls of the same age differ in height and weight.
	How can physical growth be measured?	
4. Mental health and capacities		Have the students make a list of some mental habits that need to be improved. Emphasize that practice is the best way to acquire good mental habits.
a. Confidence in yourself	How can I acquire good mental habits?	
	What is sound mental health?	Have the students read the accomplishments of several famous American personalities. A very good series of books is The American Heritage Series. Stories on sport personalities are samples of good reading for this unit.
	How can you tell a mentally healthy person?	
	What does it mean to be mentally healthy?	Select some person whom you admire in your community. Have the class find out some of his mental traits which you think contributed to his popularity and success.

Content	Motivating Questions	Teaching Suggestions
	Can a person be mentally healthy and physically ill? socially ill? vice versa? Explain .	Initiate a discussion to determine why a physically and/or mentally ill person (and vice versa) would abuse drugs.
	Would a mentally healthy person abuse drugs? Explain.	
b. Self Control	What are some good mental habits a person should practice by himself? with others?	List and discuss some of the following mental traits on the chalk board: 1. Patience 2. Courage 3. Thoughtfulness 4. Honesty 5. Cheerfulness 6. Fair Play
	How may I develop these attributes?	
	Does a drug addict or abuser practice mental habits?	
c. Attitudes	How can I develop desirable habits or attitudes?	Suggest to students that the best ways to develop desirable habits and attitudes are to really want to develop them and to understand why a particular habit is a good habit to form.
	Whom do you admire? Why?	
	Whom would you like to be when you grow up?	The Media Center has films on personality, friendliness, honesty, good sportsmanship, and others. Guidance: No. 134 - "Courtesy at School" No. 135 - "Learning from Disappointments" Health and Safety: No. 145 - "Let's Be Clean and Neat" Suggest that good health habits are useful in building a strong, healthy body and a sound mind.
d. Growth	What are some signs of mental growth?	Suggest to students that a person's attitudes determine whether or not he is growing mentally. Emphasize that attitudes are based on your feelings about yourself and about others.
5. Social development	How can I develop good social attitudes?	Suggest to students that getting along with others is a good sign of social growth. It is helpful to talk over emotional and social problems with others.
	What does it mean to be popular?	

Content	Motivating Questions	Teaching Suggestions
	Why is being popular important?	Discuss:
	Why are some people respected?	a) Kindness brings happiness to self. b) Working together makes it possible to accomplish much.
a. Manners	Do good manners play an important role in social activities?	Discuss with students the importance of good manners at: 1. Home 2. School 3. Community Suggest developing interest in cultivating good manners.
	What are good manners?	
	When and where do we learn good manners?	
	How do good manners play an important role in our everyday life?	Emphasize that friendliness and consideration for others are signs of good manners.
	Do good manners help you in your school work? at home?	Good manners give a person self confidence. Have a discussion on good manners.
b. Dependability	Do I depend on others?	Suggest to students that learning to take responsibilities and working together are good signs of dependability.
	Do others depend on me?	
	What does it mean to be dependable?	
	How can I show my teacher and fellow students that I am dependable?	Emphasize that being on time, practicing safety and cleanliness at school and home, helping one another, and, most of all, keeping your word are good signs of being dependable.
c. Responsibility	What are my social responsibilities toward my school?	Have students make a list of school, home, church, and community responsibilities-such as cooperating with classmates, completing assignments, being on time, helping in community and church projects, doing as your teacher and mother say, and having respect for others.
	What are my duties at home?	
	How can I contribute to my church?	
	What are my responsibilities toward my community?	
6. Making the most of self	What have I done to improve myself lately?	Suggest to students that they learn to g[illegible] along with others and learn to cooperate.

Content	Motivating Questions	Teaching Suggestions
	Do I have self-confidence?	Have students make a list of some of the things that have helped them in improving themselves.
	Have I improved in mannerisms? Do I share with others?	Examples: 1. Self-confidence 2. Good manners 3. Good sportsmanship 4. Sharing with others, etc.
a. Self-confidence	How can I increase my self-confidence?	Emphasize that a person must learn to trust others and themselves in order to gain self confidence. Also suggest that it is best to admit a mistake and make corrections.
b. Making decisions	Do I have the ability to make wise decisions?	Have students write some of the ways by which to improve weak points. Emphasize that when a student has accomplished all his responsibilities satisfactorily, his decisions are acceptable.

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

Concept: Young people should make contributions to Society.

Grade Level: II-Grade 4

Content	Motivating Questions	Teaching Suggestions
II. Society demands contributions from everyone.		Have students make a list of some activities that are helpful to the school.
A. School	How can I help my school?	Examples: Prepare safety posters or slogans that can be hung in your classroom or in some other place at school.
	How can you help prevent accidents in your school?	Describe an accident you have seen or heard about. Tell how you think the accident could have been prevented.
	What have I already contributed to my school?	Make a chart listing things that boys and girls do for their school. Discuss ways to be helpful around the school. Suggestions:
	Are you responsible for your own safety?	Observe safety, fire, and first aid rules. Emphasize that safety patrols, courtesy service clubs, school programs, and other activities are good signs of contributions to the school.
	What are some ways in which I can contribute to my school?	Have students prepare a list of activities that help to contribute to the school. 1. Making friends 2. Obeying school rules 3. Participating in wholesome school activities
	How can I participate in school activities?	Make a survey in your class to find out the different sports the boys and girls enjoy. 1. Basketball 2. Softball 3. Volleyball
	Can children recognize safety hazards at school, at home, and at play?	Make a list of school and classroom committees in which students can participate.

Content	Motivating Questions	Teaching Suggestions
		Plan a program of sport activities for your classroom. Pick a sport that you know how to play.
	Are school children responsible for the safety and cleanliness of their school?	Suggest that they join the Student Council, Spelling Bee Club, Library Club, Safety Patrols, basketball team, etc. Emphasize that team work is very important in carrying out these activities.
	Why should we have school regulations?	Suggest to students that there are certain rules we must follow in school activities. These rules enable everyone to participate.
	Should boys and girls share responsibility for the safety of younger children?	Emphasize that without a set of rules, there is no discipline. Students are responsbile for obeying school rules and making their classroom a better place to work in.
B. Community	How can I contribute to my community?	Have students find out what opportunities there are in the community for participation for boys and girls. 1. Obey the law 2. Avoid being a litter bug 3. Observe safety rules 4. Take part in cleaning programs
	What are some of the practices that lead to community contributions? Do community organizations really help ease emergencies?	Make a list of different community organizations and explain their work. 1. Red Cross 2. Civic Clubs 3. All City P. T. A. 4. United Fund 5. March of Dimes 6. Scouts 7. Little League 8. Boys' Club
	What are my contributions to my community?	Have the student make a list of his responsibilities to his community. 1. Cooperate with law enforcement officers. 2. Respect the rights and property of others. 3. Be willing to participate in my community functions.

Content	Motivating Questions	Teaching Suggestions
		4. In case of emergency, call the proper authorities. a. police b. fire department c. ambulance
C. Family	What are some responsibilities I must face regarding my family?	Make a list of suggestions of family responsibilities: 1. Sharing family duties 2. Safety and cleanliness 3. Enjoying things together and helping one another 4. Helping solve family problems
	How can I make worthwhile contributions to my family?	Emphasize the importance of getting along with members of the family, sharing family belongings, and developing positive attitudes.
	What are some of my duties as a member of the family?	Encourage students to accept responsibilities at home. Have students investigate their family situation. 1. Help care for younger brothers and sisters. 2. Help clean the yard. 3. Run errands 4. Obey parents
	How can I help develop desirable practices at home?	
		Have students discuss how family life has changed throughout the years. Have them make a study on past, present, and future family life.
	What are some common family problems?	Make a list of some of the most common family problems. 1. Responsibilities 2. Cooperation 3. Sharing 4. Fairness
	How can I help solve family problems?	Suggest that the best way to overcome family problems is through cooperation.
D. Self	What are some contributions I could make toward my own betterment?	Prepare a list of suggestions on self contributions. 1. Getting along with others 2. Good sportsmanship 3. Self confidence 4. Self respect 5. Scholastic improvement

Content	Motivating Questions	Teaching Suggestions
	Did I gain status? If so, in what capacity?	Emphasize that in a democracy, a person's sincerity, friendliness, ability to organize, and consideration of others are signs of gaining status.
	How can school activities be helpful to me?	Suggest to students that school activities usually help a person in making friends, becoming a more responsible student, developing an acceptable personality, and developing good qualities of leadership. Encourage students to participate in activities in which they show interest.

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

Concept: Drug are used as medicines.

Grade Level: II - Grade 4

Content	Motivating Questions	Teaching Suggestions
III. There are many kinds of drugs that promote health.	What is the difference between drug, remedy, and medicine?	Have the students look up the words drug, remedy, and medicine. Ask the school nurse for information on kinds of drugs.
	When have you used drugs?	
	Which drugs have you used most often?	If you have covered a unit on plants, refer to unit on the benefits that we derive from plants. Emphasize that plants may be used for medicinal purposes; and that if used in excess, plants may be harmful.
	Which drugs are used commonly in the home?	
	What are the most recent uses of drugs?	
A. Drugs that combat disease 1. Antibiotics	What drugs prevent disease? Which are the most widely used antibiotics?	Make a list of antibiotics: 1. Penicillin 2. Streptomycin 3. Chloromycetin 4. Aureomycin Have students look up the above words in a dictionary for meaning.
	What diseases are fought by antibiotics?	List the following on the chalk board: 1. Pneumonia 2. Scarlet fever 3. Tuberculosis Have student look them up in a dictionary. Have them prepare a talk.
2. Sulfa drugs	What are sulfa drugs?	Suggest to the students that these drugs fight the germs of pneumonia, dysentery, meningitis, and other diseases.
	What are some of the common sulfa drugs?	Have students make a list of the common sulfa drugs. 1. Sulfomerazine 2. Sulfadiazine 3. Succenylsulfathiazole

Content	Motivating Questions	Teaching Suggestions
B. Drugs that help prevent disease		
1. Vaccines	What are some of the contents in vaccines?	Introduce to student that vaccines contain dead or harmless germs.
	What are vaccines used for?	Emphasize that these germs cause the body to develop antibiotics that prevent disease.
	Why are vaccines administered?	
2. Serums	What is a serum?	Suggest to students that serums contain antibiotics that fight off the germs of certain diseases such as scarlet fever and lockjaw.
	How is a serum administered?	
	When is a serum administered?	
3. Others	What other substances, besides drugs, are used to prevent disease?	Inform the students that disinfectants and germicides are also used to prevent diseases.
	What is a disinfectant?	
	What disinfectants are generally found in the home?	
	What general areas of the home are they used in?	
C. Drugs that relieve pain		
1. Analgesics	What are analgesics?	Have students find out the most common analgesics. Stress that analgesics reduce or eliminate pain without causing unconsciousness or deadening of the nerve centers.
	What are the effects of analgesics?	
	Which is the most common analgesic?	Inform the students that the most common analgesic is Aspirin.
	Why do you and other people take analgesics?	
	What are other more powerful analgesics?	Morphine and oxymorphine are more powerful than aspirin. Suggest that such analgesics should be used only when prescribed by a physician.

Content	Motivating Questions	Teaching Suggestions
	Which ones have you taken?	
	Do analgesics contain narcotics?	
2. Anesthetics	What are anesthetics?	Suggest that anesthetics are the most powerful pain killers. They are used by doctors performing surgery.
	Why do doctors use anesthetics?	
	What is general anesthetics?	Inform the students that general anesthetics, such as ether, causes loss of feeling throughout the body.
	When is an anesthetic?	
	What are their effects?	
D. Drugs that help body functions	What are some drugs that help the body to function properly?	Give an example on how doctors use certain drugs to treat patients. Example:
	What is insulin?	Doctors use insulin in treating diabetics, a disease in which the pancreas does not produce enough of the hormone insulin.
	How and why is it used?	Have students find out the meaning of pancreas, insulin and hormone.
E. Rules	What are some rules for using medicines?	Assign students to compile a list of rules on the proper use of drugs.
	When do I take medicine?	Suggestions: 1. Take only prescribed dosage of medicine. 2. Take medicine only as often as prescribed. 3. Do not take or give medicine in the dark. 4. Mark poisons clearly. 5. Keep all medicine in a separate place. 6. Destroy all medicines after patient recovers. 7. Clean out the medicine cabinet regularly.
	How often should I take medicine?	
		Students may add to this list accordingly.

Teacher's Notes

GENERAL OUTLINE OF LEVEL II
GRADE FIVE UNITS

I. A person, in order to improve, needs to establish and recognize himself.

A. Recognition of self

1. Physical

a. Heredity
b. Acquired traits

2. Mental

a. Growth
b. Friendship
c. Evaluation

B. Improvement of self

1. Appearance

a. Grooming
b. Clothing

2. Personality

a. Characteristics
b. Clothing

3. Ability

a. Differences
b. Improvements

II. Constructive contributions may be made to the home, school, community, and yourself.

A. Contributions to the home

1. Chores
2. Communication with parents
3. Accomplishments
4. Home projects

B. Contributions to the school

1. Helping new students
2. Attitudes toward school
3. Suggestions for improving school

C. Contributions to the community

1. Meaning
2. Rules and laws
3. Improving community

D. Contributions to yourself

   1. Selecting friends
   2. Belonging to groups

E. Evaluation

III. Drugs have been known for many years, but people tend to abuse or misuse them.

A. Meaning of drugs

B. History of drugs

C. Sources of drugs

   1. Plants
   2. Animals
   3. Minerals
   4. Synthetic

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

Concept: By recognizing and establishing your identity you should be able to achieve higher ideals and goals.

Grade Level II - Grade 5

Content	Motivating Questions	Teaching Suggestions
I. A person, in order to improve, needs to establish and recognize himself.		
A. Recognition of self	How well do you know yourself?	Have a discussion on ways of recognizing yourself.
	What are you like?	Assign short written reports, asking students to identify themselves other than by name.
	What kind of a person are you?	
	Are you satisfied with yourself?	Also, an essay can be assigned - "This is You."
	Why is it important that you know yourself?	Read some of these reports orally in class without mentioning names to see if pupils are able to identify the writer.
	Why is it important that you like yourself?	
	Do you know yourself better than others know you?	
	What are some of the traits used for identification purposes?	Using the written essays or reports, make a list of things used to identify youself.
	How many identities do you have?	Some identities are: color of eyes, color of hair, skin coloring, body frame, birth marks, etc.
1. Physical characteristics	What are physical characteristics?	Have students discuss meaning of physical characteristics.
	What are your physical assets?	One of the acceptable definitions is: Bodily makeup or type; the structure, constitution, appearance, or strength of the human body.

Content	Motivating Questions	Teaching Suggestions
		Ask students to look at each other to see that there are no two persons alike in the classroom, and that no two person think, feel act, learn, or work alike.
	How did you acquire physical characteristics?	Explain and discuss that most of their physical characteristics were inherited from their parents or ancestors.
a. Heredity	What are your physical characteristics?	Have students write a list of their physical characteristics, explaining whom, they resemble - - mother, father, or ancestors. Creative activity: A family tree, tracing ancestors is advisable at this time.
	How are you like?	Discuss and compare the difference in height and weight among students in the classroom and explain that they grow at different rates.
	How are you different?	
	Does everyone grow physically at the same rate? explain.	
b. Acquired traits	Are all physcial traits inherited? Explain.	Before discussing this question, define the term acquired.
	Do you inherit behavioral characteristics? Explain.	(Explain that behavioral characteristics are not inherited but acquired through practice; for example, if your mother or father are not good spellers you will not necessarily be a bad speller.)
	What are some of your acquired traits?	
	Do your acquired traits help or hinder you in your everyday life?	One of the accepted meanings: To come into possession, control, or power of disposal by some uncertain or unspecified means.
		After the word acquired has been cleared, discuss traits that are not inherited: 1. Overweight 2. Underweight 3. Uncleanliness 4. Shaggy Hair 5. Fear 6. Love 7. Anger
	How can you improve your acquired traits?	Have students write a short report on how to overcome any of their unwanted traits.

Content	Motivating Questions	Teaching Suggestions
	How are habits formed?	The above may be used as guides. Other may be added.
	How are habits changed?	
	What is meant by introjection?	Explain to students that introjection is the automatic absorption of the many emotional attitudes, ideals, wishes, and feeling from their parents.
	How are attitudes developed?	Project: Have student prepare a bulletin board, showing some good habits or attitudes such as: 1. Brushing teeth 2. Washing hands before each meal 3. Medical checkup 4. Dental checkup 5. Mannerisms
	What is fear?	Define fear: (Have an accumulation of terms related to this guide) An accepted definition is : A feeling of dread; fright, alarm, anxious concern; worry.
	Why do you have fears?	
	How can you overcome fears?	
	Do drugs erase fears? Explain.	
	Do drugs add to fears? Explain.	Ask students to bring cut-outs from newspapers or magazines to be read in class, relating how drugs create illusions and fears.
2. Mental	What comes to you mind when you hear the word "mental"?	Allow students time to find the meaning of the word mental. Mental is anything that deals with the brain and central nervous system.
	Does everyone have the same mental capacity? Explain	Using standardized tests, explain to students that the purpose of some of the tests are to measure mental capacities.
a. Brain	What is the function of the brain?	Using a model of the brain, explain that the brain contains cells and that it grows in proportion to body growth. This enables the person to grow mentally.
	What is the Central Nervous System?	
(1.) Drugs in relation to the brain	How is the brain affected by drugs?	An excellent opportunity to discuss the effect of drugs on mind or brain.
	Do you believe drugs will help your brain?	

Content	Motivating Questions	Teaching Suggestions
	How will drugs hinder the reaction of your brain?	Have students write short report on how drugs affect the function of the brain with books and sources by consulting the list of books and materials in the bibliography.
	How does the brain control moods? 1. anger 2. fear 3. joy 4. etc.	Assign students to obtain newspaper, magazine, or book articles on how drugs, specially glue or gasoline, have prevented the mind from developing properly. Read these articles in class orally. Also, a collection of news articles pertaining to drugs can be accumulated.
(2) Growth	What do you think mental growth is? When does the mind stop growing?	Have a discussion and allow students time to give their view of mental growth. Suggestion: Mental growth is increased ability to, use the brain.
	How do drugs hinder mental growth?	This is an excellent time to show film :- Speed Scene L.I.S.D. Media Center. Discussion following showing of film: How do drugs affect the mind?
	How can you help develop your mind?	By consulting Appendix of films or filmstrips select an appropriate film to best describe how to grow mentally.
	How will school help you develop your mind?	Explain that books are used to project and expand ideas, thereby helping the mind to develop to its maximum capacity.
	What school subjects do you believe are the best mind developers?	Also discuss that school is the best place to help an individual develop his mind.
	Why is it so important to grow mentally?	Have students write a list of reasons on why it is important to grow mentally.
	Does everyone grow mentally at the same rate?	Some suggestions: 1. Make the most of your school years. 2. Find out about the world in which we are living. 3. Prepare yourself to face all problems and solve same. 4. Make as many contributions as possible to the world we live in.
b. Mental control	How can you control your mind?	Have a discussion on the subject of mind control. Explain that the mind will perform as the person trains it to.

Content	Motivating Questions	Teaching Suggestions
	Is there such a thing as mind reading?	This is an excellent time for story telling.. Allow students the opportunity to relate family stories on mind reading.
	Why do most people's minds improve with age?	
	What are some decisions you made in the first grade that you would alter now?	Present a problem, such as fire in a trash can, and ask students to compare how they would have reacted in the first grade and how they would react now.
3. Social	What is social growth?	Have students define social growth. Discuss any definitions given by students.
	How is the mind involved in social growth?	Explain that the mind will accept or reject any new friends or social acquaintances, using acquired training received throughout the person's lifetime.
a. Growth	How can good social health be an asset to social growth?	After the discussion explain that social growth could include ability to get along with others, both individually and as a member of a group. Also define Asset.
	What are some signs of social growth?	Ask student to observe any younger brother or sister and see how he or she feels about others. Write a short paragraph on this observation. Read and discuss these paragraphs orally in class
	How well do you get along with your teachers?	Discuss orally in class the importance of respecting and obeying teachers.
	How well do you control your temper?	
	How do you respond to your parents' demands?	
	What is the difference, socially, between a younger person and one in this grade?	

Content	Motivating Questions	Teaching Suggestions
	How do you feel about other persons?	Explain that every child goes through a selfish stage at which time they care very little about the feelings of others. They are only interested in what they want to do. However, everyone outgrows this selfish stage and is able to think of the feelings and needs of others as well as his own.
	Are you a selfish person? Why? Why not?	
	How do you feel when other people are happy and successful?	
b. Friendship	Who is a friend?	Allow children time to write a short essay on "What I think a Friend is supposed to be Like"
	Is making friends a part of social growth? Explain.	Discuss that having friends is part of everyone's life. Explain that everyone enjoys doing things with others.
	Is it easy to make friends?	
	What do you expect of your friends?	
	What do friends do when you have chores?	
	How do friends help you when you are sick?	
	Do you try to get your friends in trouble? Why? Why not?	
	Do you need drugs to enjoy your friends?	Show film Marihuana. This will illustrate that drugs will lead only to uselessness or death and not to popularity among friends.
c. Evaluation	(*Teacher may evaluate at his or her discretion.)	This is a suggested self-evaluation list. 1. Do you enjoy seeing something good happen to a friend, even though you may wish that it had happened to you? Yes or No.

Content	Motivating Questions	Teaching Suggestions
		2. Do you defend your friend when others say unkind things about him? Yes or No. 3. Do you keep secrets that friends share with you? Yes or No. 4. Do you follow through on promises even though you would rather do something else? Yes or No. 5. Do you tell a friend you are sorry if you have been angry or have hurt his feelings? Yes or No. 6. Do you think of thoughtful things to say and do for your friends? Yes or No. 7. Do you express appreciation for favors done for you? Yes or No. 8. Are you courteous to friends and people you don't know very well? Yes or No 9. Do you respect a friend's point of view even though you disagree with him? Yes or No.
B. Improving Self	How can you improve yourself?	A film on self improvement is suggested. See film list in bibliography.
	Will drugs help to improve yourself? Why? Why not?	Explain that a person is able to improve in – 1. Appearance 2. Personality 3. Ability
1. Appearance	How can you improve your appearance?	Have students provide suggestions. List these on board: 1. Their style 2. Clothing 3. Bathing Compare today's dressing and grooming with that of a few years past.

Content	Motivating Questions	Teaching Suggestions
a. Grooming	What do you think of the new hair styles for men?	Have a discussion (pros and cons) on the new hair styles for men.
	Do you think long hair is inducive to drug use? Explain.	Have students bring magazines, showing different hair styles.
	What are the possibilities of being accepted by society if you as a male wear long hair?	Have a discussion allowing students the opportunity to relate some experiences that they have had in relation to people with long hair.
b. Clothing	Will clothing improve your appearance?	Have students collect pictures from magazines on different kinds of clothing.
	Do you dress for the occasion? Explain.	Organize class into small groups to prepare posters, using cutouts to illustrate different styles in clothing.
	What type of clothing is proper for school ?	Using the posters on the different styles of clothing, discuss the motivating questions as to the proper attire suited for the occasion.
	What type of clothing is proper for parties?	Also assign a short written report as to their ideas on proper clothing.
	What type of clothing is proper for picnics?	
	What kind of clothing are more becoming on you?	Explain that clothing has to suit the personality of the individual.
2. Personality	What is meant by personality?	Allow student time to find definition of personality in a dictionary.
a. Characteristics	What are some personality chracteristics?	Characteristics, should be discussed if pupils fail to respond. Teacher must take the lead and present some of the characteristics such as - 1. Leadership 2. Control of emotions 3. Sociability
	How can personality be developed?	
	When is personality developed?	
	Does everyone have the same personality? Explain	

Content	Motivating Questions	Teaching Suggestions
	Do you always let someone else be the leader? Why? Why not?	Encourage class discussion. After the discussion explain that everyone should take the leadership at one time or another.
	How can you become a leader?	
	What are some personality characteristics of a new born baby?	Teacher leads discussion: every individual is born with emotions, tensions, and reflexes. These are modified gradually by our experiences.
	What differences in personality would you expect to find in comparing the oldest with the youngest child in your family?	
	What is sublimation?	Explain to students that everyone has animal instincts when born; however, everyone has the capabilities of converting primitive animalistic love and hate into activities which society approves of.
b. Improving personality	How can you improve your personality?	Explain that personality can be improved by following a few simple hints, such as; 1. Smiling 2. Being Courteous 3. Being helpful 4. Being cheerful
	Do drugs help you improve your personality?	
	Do drugs hinder your personality?	
	How do experiences develop or restrain personality?	Explain that personality is developed through the following experiences: 1. A bad experience may develop bad attitudes - - inferiority complex, unsocial or antisocial attitudes. 2. A good experience may develop good attitudes - - co-operate with others and create pleasant relationship with others. 3. Personality may be changed by learning to behave better.
3. Ability	What is meant by ability?	Using the dictionary have students find the meaning of ability.
	Will drugs help to solve your problems? Explain.	One acceptable definition: the capacity of an individual to cope with his work or problems.
	Will drugs help you to do better work? Why? Why not?	This question can easily be answered when film Marihuana is shown. It will clearly illustrate that this drug will hinder more than it will help.

Content	Motivating Questions	Teaching Suggestions
a. Differences	Does everyone have the same ability? Explain. What are some of your abilities? How do you rate your inability as compared to those of other members of the class?	Discuss well known personalities: actors, ball-players, football players, actresses, etc. Discuss that each one has different abilities to perform in his activities.
b. Improving	How can you improve your abilities?	Ask students to write a short report on ways of improving their abilities in school:
	How can practice help you improve your abilities? Will drugs improve your abilities? How will drugs hinder your abilities?	Explain that with practice, anyone's ability is improved. Example: Studying will improve anyone's grades.

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

Concept: By contributing constructively to the home, school, community, and to yourself, you become a better person and citizen.

Grade Level: II-Grade 5

Content	Motivating Questions	Teaching Suggestions
II. Constructive contributions may be made to the home, school, community, and to yourself.	How can you contribute to the home, school, community, and yourself at the same time? Which one of the four above items do you consider the most important one? Why?	Have a class discussion on contributions. Discuss in class the different manners in which a person can contribute to different institutions. Example: Home - 1. Chores 2. Obedience 3. Errands School - 1. Good behavior 2. School work 3. Caring for school property 4. Observing school rules Community- 1. Observing laws 2. Helping in community projects 3. Organizing recreation facilities
A. Contributions to the home		
1. Chores	What are some of the things you can do at home to make life easier for your parents? Do you do things for members of your family without being asked? Do you do your share of work at home? When is the best time to do your homework?	Discuss the different chores a boy or girl may do at home to help their parents. Some chores suggested are: 1. Washing dishes 2. Taking care of clothes 3. Mowing the lawn and trimming edges 4. Cleaning different areas of the home 5. Washing the car 6. Doing homework without being told 7. Taking care of younger brothers or sisters Ask pupils how they help at home in addition to the above suggestions.

Content	Motivating Questions	Teaching Suggestions
	How will drugs prevent you from helping at home?	Read newspaper or magazine articles related to drugs and their effect on the brain and the nervous system, thereby reducing their usefulness at home.
	What are some of the things you dislike at home?	Have students prepare a list of chores or things they hate to do at home. Have them select the one they dislike the most. Assign short written paragraphs on selected topic.
	Why do you dislike doing them?	
	Do you believe that with time you will enjoy doing these things? Why? Why not?	
	What are some of the things you enjoy doing at home?	Again have students prepare a list of things they enjoy doing at home. Assign short written paragraphs on selected topics.
	Why do you enjoy doing these things?	
	When you do a chore at home, do you feel that your parents should pay you? Why? Why not?	After the two assignments have been completed have a discussion to compare class likes and dislikes.
2. Communicating with parents	Do you share your great achievements as well as your disappointments with your parents?	Have a class discussion in order to stress the importance of communicating with parents.
	How can you refer your problems to your parents?	
	Who should make the major decisions in your family?	Relate to students that parents are their best sources for advice.
3. Accomplishments	What are some of your accomplishments that have made your parents proud of you?	In relation to Language, a short written report may be assigned on any major or minor accomplishment that they might have achieved to make their parents proud.
	Are you trying to achieve good marks in school?	This report may be discussed later in class.
	How much of an effort must you make to achieve good grades?	

Content	Motivating Questions	Teaching Suggestions
4. Home projects	Can you name some "gadgets" or "projects" that will make family life smoother?	Related to art: a project may be constructed suitable for home use. Example: A bulletin board to post meal hours, family duties, T.V. schedule, etc.
	What can be shared with your brothers or sisters to make home life easier? Is it wise for an older brother or sister to do your school work? Why? Why not?	Lead a discussion on the importance of sharing within the family. Ask questions, such as; What can you share with anyone in your family? Suggestions: 1. Closet space 2. Drawer space 3. Clothing 4. School materials 5. Assistance with school lessons (Others may be added by teacher or students.) Emphasize that the duties of sharing and cooperating are applicable throughout one's entire life.
B. Contribution to the school	What are some main contributions that you can offer to your school? What is the proper way of reporting vandalism in the school?	Have an oral discussion on contributions that can be applied to the school. Suggestions: 1. Observance of school rules 2. Attitude toward school 3. Respect for teachers 4. Respect for school property 5. Reporting vandalism
1. Helping new students	How can you help new students in your school? How can you make new students feel welcome? Do you introduce yourself to a new student or do you wait for him to introduce himself?	Continue with discussion on contributions by allowing students to express their thoughts on how they are able to help new students: Some suggestions; 1. Giving a tour of the school ground 2. Introducing them to other classmates 3. Showing where all facilities are located

Content	Motivating Questions	Teaching Suggestions
2. Attitudes toward school	What are your feelings toward your school? Have your attitudes changed in any way lately? Have these changes been for the best? Have these changes been for the worst? Have you doubts as to whether school is worthwhile? Do you miss school a lot because of vague physical complaints, such as stomach trouble, backache, or not feeling well, for which the doctor cannot find a physical causes?	Define: attitude Example: A way of thinking, acting, or feeling. A recent Report Card is an excellent source of information revealing habits and attitudes. After definition has been established, teacher should lead discussion on attitudes. Suggested questions for discussion: 1. Do you like school? Why? Why not? 2. Do you like your teacher? Why? Why not? 3. Do you find your school work interesting? Why? Why not? 4. Do you get along well with other girls and boys in school? If answer is no, why not? 5. Do you feel you are learning things that will be helpful to you when you grow up? If answer is no, why not? If answer is yes, list some of the things that will be helpful. 6. Do you hand in your work on time? Why not? 7. If you need help, do you consult your teacher? Why? Why not? If answers to the above questions are no, students are not getting all they should out of school.
3. Improving the school	What are some ways in which you could help improve your school? Do you expect all your suggestions to be approved by the school directors? Why is it important to take care of your school? What are you doing in school to prevent accidents? What additional rules would you add to make the school a better place?	Organize the class in sub-groups, assigning each group with the task of creating posters dealing with suggestions for improving the school. Some suggestions for this project are: 1. Setting cafeteria rules 2. Setting playground rules 3. Making improvements on school ground 4. Sponsoring a contest for room improvement

Content	Motivating Questions	Teaching Suggestions
C. Contributions to the community		
1. Defining community	What is a community?	It is very important to establish the meaning of the word Community. One of the accepted definitions is: a number of people having common ties or interests, living in the same place and subject to the same laws.
	Why are your parents living in this community?	After the above definition has been discussed, a short written report may be assigned to each one in class stating their parents' interest in the community.
	What are the advantages of living in a community?	After these papers have been checked by teacher, a few may be read and discussed in class.
2. Community rules and laws	Why is it important to have laws in a community?	During Social Studies class, discuss the importance of having laws in a community. As a class project, have students provide a list of laws that are used to govern the communtiy.
	Why will there be confusion in a community that does not have any laws?	Discuss the chaotic conditions a community would encounter if there were no traffic laws, general laws, or narcotic laws.
	How can you help enforce the community's laws?	Have student write a short report in correlation with Language or Social Studies on helping the community enforce its laws. Suggestions: 1. Safety Patrols 2. Boys' Scouts 3. Girls' Scouts
	How can you help law enforcement officers?	This is an excellent oppportunity to discuss ways or methods of helping with the enforcement of laws concerning narcotics. The laws dealing with drug abuse and misuse should be discussed. See section on laws - Appendix - D

Content	Motivating Questions	Teaching Suggestions
3. Improving the community	What are some practical ways of improving the community?	In correlation with Language, a written report on improving the community should be assigned. Each of these reports may be discussed orally in class and suggestions should be presented on methods of application.
	Does your community have a community plan?	Some of the best suggestions may be sent to the city government body for practical application if feasible. Have the head of community planning as guest speaker.
	What is a community plan?	
	How can you take part in this community plan?	
	How can the recreation facilities of the community be improved?	Before discussing how recreation facilities may be improved, a study by the class should be made on the number, kinds, and locations of all recreation facilities within the community.
	What happens to a community that fails to obtain land for future parks and playgrounds?	Suggestions: 1. Keeping facilities clean 2. Reporting vandalism to proper authorities 3. Charting every recreational facility to inform public on availability (Others may be added by pupils or teachers)
	What activities do you suggest for people your own age?	
	Does your community have enough provisions for recreation facilities?	
D. Contributions to yourself	How can you improve yourself?	
1. Selecting friends	Who are your friends? How did you find your friends?	Have a discussion on criteria for selecting friends, explaining that it is very important to select friends carefully because generally people judge you by your friends.
	Why do you think you enjoy being with them?	Some criteria that can be used for selecting friends are - - 1. Good parents 2. Interest in wholesome things - such as sports, school, and church 3. Good Student - - striving for good grades
	Why do we dislike uncouth friends?	

Content	Motivating Questions	Teaching Suggestions
	What are some ways to find friends in your neighborhood?	A filmstrip could be presented at this time. "Let's Visit Our Friends" is one appropriate for this unit. (available at Media Center)
	How can you make more friends?	
2. Belonging to groups	What are some groups you associate with?	Have students talk freely about all the groups they are associated with, including neighborhood groups. A filmstrip on "Parliamentary Procedure" should be shown to illustrate methods of organizing and conducting a group or club.
	What are some of the things you look for in a group?	Discuss the importance of selecting the right group to belong to. Things to look for in a group: 1. What is the group's goal? 2. Are they trying to help improve the community instead of destroying it? 3. Are they trying to help each member instead of leading someone along the wrong path?
E. Evaluation		*Some statements may be prepared by the teacher to evaluate this concept. Some examples are: 1. It is a good policy to invite a friend to join the Scout troop. 2. If a window is broken in school, it is best not to tell anyone. 3. Parents never try to protect their children. 4. Parents usually know more than their children. 5. You should never participate in community projects. (Others should be added by teacher.)

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

Concept: Drugs are useful items; however, they may be deadly when used improperly.

Grade Level: II - Grade 5

Content	Motivating Questions	Teaching Suggestions
III. Drugs have been available for many years.		Allow students ample time to obtain several definitions on Drugs. The following texts may be used to obtain definition: 1. Glossary of guide 2. Dictionary 3. Encyclopedia
A. Meaning of drugs	What are drugs? When is a drug considered medicine? When is a drug considered poison? When is a drug considered stimulant?	Two of the accepted definitions are: 1. A substance used to cure, treat, or prevent disease. 2. A substance (Other than a food) that when taken into the body produces a change in it. If the change helps the body, the drug is a medicine; if the change harms the body, the drug is a poison; if the change affects the body or senses in a way that is not natural, the drug is a stimulant or a depressant.
B. History of drugs	Did primitive man use drugs?	This is an excellent opportunity for Library work. Have half of the class consult several reference books and write a short report on the early history of drugs.
1. Early history	Which were some of the "early" drugs used by man? Of what benefit were they? How were drugs used long ago?	Explain that there are records in ancient Egypt's treaties of recipes and prescription for the treatment of diseases of the eyes, skin, and internal organs. The Chinese used different herbs for different ailments. Quinine was used to combat malaria by primitive tribes.
2. Modern history	How is modern man using and producing drugs? Which are some of the "newer" drugs?	Consulting reference books, have the other half of the class write a short report on modern drugs - - production and usage.
	How do old drugs compare to the modern ones?	Compare synthetic drugs with drugs fro plants and animals as to processes and contents.

Content	Motivating Questions	Teaching Suggestions
C. Sources of drugs	What are the sources of drug? How may drugs be classified?	Have a discussion on sources of drugs. Have students mention as many sources as they are able to. Some of the sources are: 1. Plants 2. Animals 3. Minerals 4. Synthetics
1. Plants	How did man discover drugs from plants?	Have a discussion on some wonder drug: - such as penicillin. Explain that this wonder drug came from plants.
	Which of these have been used in your home? Why and When? Can you name some herbs your mother commonly stores at home? Why is it all right for these to be kept at home? How are drugs from plants useful to mankind?	Class Project - - The class may be divided into small groups assigned the task of producing a poster with some herbs used at home for home remedies. Labeling these herbs with their trade names and translating such names into the English Language are feasible activities. Students may consult World Book for list of drugs from plants.
	Could it be possible to exist without plants?	Correlate this activity with Science lesson on Botany. Explain that plants convert carbon dioxide into oxygen, thus helping mankind on more than one way.
	What are some of the methods man uses to obtain drugs from plants? Are all plants beneficial to man?	Compare some plants useful to man with poison herbs or weeds.
2. Animals	How are animals used in the production of drugs?	This is a good time to correlate health or science with this guide.
	How are drugs obtained from animals? What animals have been used to combat disease?	It is also an ideal situation to introduce some new terminology; such as: 1. hormones 2. serums 3. injections 4. vaccine 5. antibody 6. antitoxin

Content	Motivating Questions	Teaching Suggestions
	What are some diseases that have been arrested or prevented by using drugs derived from animals?	Explain how some dreadful diseases, such as Polio, Diptheria, Tetanus, and Scarlet Fever have been controlled by using serums from animals.
	What is the purpose of antitoxin?	Discuss how antitoxin is obtained from animals. The process on how to obtain antitoxin from animals may be taken from any resource book–Encyclopedia.
	What is the process used in obtaining antitoxin?	
	What are some of the common drugs made from animal glands?	Assign pupils the task of compiling a list of drugs derived from animals. Some examples are: 1. Adrenalin 2. Cod-Liver Oil 3. Cortisone 4. Halibut-Liver Oil 5. Insulin 6. Pancreatin 7. Serum Class Project: a collection of drugs that has been derived from animals may be accumulated, writing a small anecdote for each item collected.
3. Minerals	What is a mineral?	Allow students ample time to get definition from different sources–dictionaries, encyclopedias, or glossaries of texts.
	How are minerals formed?	Two acceptable definitions are:
	What are the main kinds of minerals?	1. A natural substance that is neither a plant nor an animal, such as iron, gold, mercury, or petroleum.
	How important are minerals today?	2. A substance obtained by mining.
	How are drugs made from minerals?	Assign a written report on how drugs are made from minerals. Also have students find materials related to the manufacture of drugs from minerals.
	How were drugs from minerals used long ago?	Teacher should explain techniques on how to do research work, helping students with materials related to minerals in drugs.
	How are drugs from minerals used today?	
	What are some drugs made from minerals?	Students should prepare a list of drugs which are made from minerals.

Content	Motivating Questions	Teaching Suggestions
	Which is the most common drug made from minerals?	
	How are drugs from minerals useful?	Some drugs from minerals are: 1. Arsenic 2. Bromide 3. Epson Salt 4. Glauber's Salt 5. Iodine 6. Iron 7. Magnesia 8. Salts 9. Silver Nitrate 10. Smelling Salts 11. Calomine 12. Mercurochrome 13. Mercury 14. Petroleum 15. Salol
4. Synthetic drugs	What is the meaning of the word synthetic?	Students should consult a dictionary to find the meaning of this word.
	How are drugs obtained from synthetic products?	One acceptable definition is: composition or combination of parts or elements.
		Explain that many synthetic drugs are identical to those obtained from plants, animals, and minerals. Also, emphasize that these synthetic drugs are better than the natural drugs.
	Where are synthetic drugs produced?	Have a discussion on how laboratories operate. A film on a Science Laboratory in action is highly recommended.
	What are some of the synthetic drugs?	A list of synthetic drugs should be made by each student.
	How are these drugs being used to combat disease?	This assignment may coincide with some library assignment.
	Are all synthetic drugs useful?	Some of the synthetic drugs are: 1. Antibiotics 2. Sulfa drugs 3. Quinine
	What is the difference in prices (drugs-synthetic, plants, and animals)?	If possible obtain a price list of drugs and compare the prices (synthetic, plants, and animals.) Correlating this activity with arithmetic, find the difference in prices using basic arithmetic operations and percentages.

TEACHER'S NOTES

GENERAL OUTLINE OF LEVEL II

Grade Six Units

Concept: A thorough understanding of all groups available to your youth will foster their development.

I. The family has a marked effect on all its members.

  A. History

    1. Origin
    2. Joint families
    3. Monogamous families
    4. Need
    5. Differences and similarities
    6. Unusual customs

  B. Changes

    1. Reasons
    2. Advantages and disadvantages
    3. Discipline
    4. Responsibilities
    5. Needs met through the family

  C. Problems confronting youth at home

    1. Immediate and long range plans
    2. Procedure
    3. Adjustment

  D. Parental Control

  E. Family recreation

II. Understanding and participating in groups is a necessary aspect of one's development.

  A. The group process

    1. Function
    2. Types
    3. Power

  B. Responsibility of the individual to the group and social institutions.

    1. Importance
    2. Roles
    3. Respect for groups and institutions for their contributions
    4. Cooperation
    5. Making a contribution to the group

  C. Responsibility of the group to the individual

    1. Respect as an individual
    2. Understanding of individual differences

    3. Function of different groups and institutions in aiding the individual

D. Factors associated with acceptance by others

    1. Manners
    2. Aspects of maturity
    3. Poise
    4. Ability to converse
    5. Talents

E. Planning for the future

    1. Setting goals

        a. Immediate
        b. Long range

    2. Factors in reaching goals

        a. Motivation
        b. Education
        c. Expectations
        d. Recognizing assets and responsibilities

Concept 2: Thorough knowledge of drugs in general can prevent their misuse and abuse.

I. Drug misuse and abuse
    A. Normal people
    B. Neurotic people
    C. Psychopaths

II. Misuse and Abuse for different reasons
    A. Curiosity
    B. To be grown-up
    C. Go along with peers
    D. Escape from reality

III. Different substances affect the human body
    A. Stimulants
    B. Depressants
    C. Hallucinogens
    D. Other harmful substances

IV. Effects of drug addiction are physiological, psychological, and sociological.

V. Research and development of drugs must be done before the actual production for selling them.
    A. Research
    B. Production
    C. Quality
    D. Distribution

VI. Knowledge of laws and regulations on drugs are the responsiblities of the government and its various agencies, medical and pharmaceutical people, teachers, and parents, as well as students.
    A. International regulations
    B. Federal
    C. State and Local
    D. Our responsibilities

Concept: A thorough understanding of all groups available to our youth will foster their development.

Grade Level: II - Grade 6

Content	Motivating Questions	Teaching Suggestions
I. The family, the basic unit of society, has a marked effect on all of its members.	Why is the family the basic unit of society?	
A. History	What kind of group is the family? How does the family function as a unit? What are the components of a family? How does your family help you?	Determine through discussion what type of group the family is - voluntary or involuntary. Proceed to relate this information to students' lives, as part of the introduction to this unit.
1. Origin	How did the family begin? Why does man need the family as a basis for functioning?	Research may be done to obtain information to find out how the family began, the reasons for joint families, and how they had to cooperate for survival. The evolution to the present state(s) may prove interesting also.
2. Joint families	What are joint families?	
3. Monogamous families	What was the function of the family when it was first developed?	
4. Need	Why did early families organize themselves? What were the responsibilities of the members?	Discuss why families formed clans and tribes and why these groups needed to cooperate. (The sharing of land, culture, and protection will be part of the reasons; propagation of the species and training of youth may also be discussed.) *Note: Early families organized themselves for survival through cooperation.

Content	Motivating Questions	Teaching Suggestions
	Who was the head of the family?	Drawings of how the first families (the cave dwellers, natives, etc.) organized may be used for the bulletin board. Other family groups from different countries and eras may be sketched or drawn and necessary research can be done to aid in explaining the drawings.
5. Differences and similarities	How does family life differ throughout the world?	Assign library research and obtain information to discuss intelligently how family life goes on around the world.
	How are all families alike?	Discuss likenesses and differences.
	Why is your family like no other family?	Family trees, possibly with drawings, may be prepared; all members of the family may be included.
	How is your family like other families?	*Note: Use caution where student may come from broken home. Examples: If no parents or step-parents, then son becomes the head of the household due to one of several reasons.
6. Unusual customs	What are some family customs?	Guide students to develop respect for desirable family customs, no matter how different from our own.
	Why are these sometimes considered unusual?	Customs from foreign countries may be discussed in geography lessons.
B. Changes in the family		
1. Reasons	What are some changes in family life and why did these changes come about?	Topics for discussion: family changes, education, the industrial revolution, inventions, government, etc.
	Has your family changed in the past few years? What factors bring about these changes?	If students are willing, changes within their families may be discussed and the reasons why these changes came about may be analyzed.
2. Advantages and disadvantages	Are the modern changes in the family good or bad? Explain your answers.	Debate: Are these changes offering the family greater opportunity to have fun together? to form closer democratic relationships? to depend more on love and cooperation?
	How could family changes be related to drug abuse?	A symposium may be conducted on these topics: These conferences should bring out strong conclusive opinions.

Content	Motivating Questions	Teaching Suggestions.
	Can drugs be a cause of family changes?	
	Can drugs be result of family changes?	
	What does alcoholism do to the stability of a family? drug addiction?	
5. Discipline in the home	Is discipline important in the family?	Conduct survey after discussing the values derived from good discipline at home. Guide students to make use of learned home discipline away from home in hazardous situations.
	Who should be responsible for discipline in the home? What happens when there is no discipline at home? Are you learning to detect what is good for you when away from home?	
6. Responsibilities in the home	What responsibilities does each member of the family have?	The responsibilities each member of the family may have can be listed and their values discussed. View film: Our Family Works Together, L.I.S.D. Media-Center, No. 117.
	Do these responsibilities increase with age?	Exaggerated cartoons or posters may depict values of accepting our responsibilities.
	What happens when you neglect your responsibilities?	Individual charts on chores and responsibilities may be prepared for comparision and praise. Posters depicting student responsibilities and chores may be placed on the bulletin board.
	What happens to your responsibilities when both parents work? when one is absent?	
	How does responsibility relate to drug abuse?	
	What are the values of assuming your responsibilities at home?	
	How can the contibutions I make be of value?	Talk over the idea that people like to have people around them, and guide students toward the idea that we need many things from other people.

Content	Motivating Questions	Teaching Suggestions
	What responsibilities at home relate to the use of drugs?	List needs met by the family and classify them (social, physical, intellectual) in a chart. Topics for charts: protection, training, and family chores. Emphasize here that besides the satisfaction of doing one's job, you are contributing and cooperating with your family while developing one's personality. Students may conduct a junior symposium to determine how parents and other family members can help solve the narcotics problem.
5. Fulfillment of needs through the family	What human needs are met by the family?	Help students understand that the development of respect for the rights of others is an important facet of social maturity.
a. Social	Do people like to live alone?	Note: This section may relate growth of social maturity to health and social studies. This will help foster the development of independence and responsibility.
	Is it natural to like to be around people?	
	Do you enjoy being with your family? Why?	
	How can we contribute socially to the family?	
b. Physical	How does the family contribute to you physically?	
	What body needs are met by the family?	
c. Intellectual	How does the family contribute intellectually?	
	How can your intellect be influenced by the family?	

Content	Motivating Questions	Teaching Suggestions
	How can our family help us understand the proper use and misuse of drugs?	
C. Problems within the family	Do all families have problems?	Discuss: a) Family problems are normal. b) Try to prevent problems before they arise. c) Come up with solutions to problems.
1. Positive approach for comfortable family living now and in the future	What is a positive attitude toward the solution of family problems?	
	What can we do to prepare ourselves to be able to deal with family problems?	
	What do my parents do when they are upset?	
	How can I understand them better?	
	Why is it hard to get along with my brothers? sisters?	
2. Problem solving procedure	How do we go about in solving family problems?	Guide students to develop possible means to remove communication gaps between grown-ups and children. We must learn to listen and provide fair and equitable treatment to all members of the younger generation. The chasm, called the communication gap, must not be widened. This may be achieved through proper perceptiveness.
	How can I help?	
	Do some family members use drugs to solve problems? Why?	
a. Talking out problems	Do I talk out problems at home? with whom?	List and discuss the ways parents may help children.
b. Understanding	Am I willing to listen and try to understand problems such as drug abuse?	Discuss home chores stressing responsibility and cooperation.
c. Giving-in	Am I willing to yield when reasoning has been presented to make me realize I am making a stand on error?	Ungraded and unsigned themes on family problems may be prepared for discussion.

Content	Motivating Questions	Teaching Suggestions
	How Can giving-in help the family atmosphere?	Devise a checklist to determine co-operation, helpfulness, responsibility. Most students are good. We must establish the ability to listen to them instead of talking to them. Students are ready to alienate when proper attitudes exist in place of hostility. Then cooperation is produced.
d. Sharing	In what ways do I share with family members?	
e. Co-operating	What activities in my family require co-operation? How can I become a better family member?	
	How can I prevent my parents from "aging" before their time?	
	What will I get from doing my job well? from keeping my word?	
3. Adjustment	Can my family count on my sense of responsibility when away from home with my peers or other people?	Film: "Red Light, Green Light" may be viewed to further develop the ability to assume responsibility, available from L.I.S.D. Media Center.
	What can I do to assume responsibility at home?	In discussions, emphasize the ability to assume responsibility and the great feeling of satisfaction and contribution to the family when one accomplishes his job well.
	Will I carry through these responsibilities?	After discussions to foment the needed pleasant home atmosphere brought about through cooperation and willingness to accept responsibility, roles may be acted or themes written depicting favorable home situations.
		List responsibilities students are now taking and list those which they might take up to help even more. Comparisons may be made, results discussed, and praise given where due.
B Parental control	How much control should my family have over my leisure time activities?	Open discussion: Control and rules set by parents.

Content	Motivating Questions	Teaching Suggestions
	How long should I stay out on week-day nights? Friday and Saturday nights? Where should I go for recreation? Should my parents help me choose my friends?	Guide discussions to develop abilities to choose worthwhile activities on their own. We must strive to develop these abilities to such a point that students can make acceptable decisions in a split-second wherever and whenever the need arises.
E. Family recreation	How can I help my family enjoy leisure time?	Consider these factors: age, money, time. Discuss how these factors should be considered when planning family recreation.
	What hobbies do I have that my family could participate in? Do I make proper use of leisure time with my family?	Posters may be prepared to help stimulate students to participate in wholesome family recreation. These posters may be placed in hangouts which students may frequent as well as in school and other public buildings.
F. Culminating activity on the family	How can students be closer to their families?	Role-acting may be used to demonstrate how important the family is to all members. Guide students to develop a wholesome, respectful attitude toward parents. Role-acting may also be done in Spanish. Other creative dramatic approaches may be used, such as cultural and religious approaches. Scrapbooks may be prepared and exhibited. A family counselor may be invited as a guest to speak on the first unit of society – the family.
Understanding and participating in groups is a necessary factor in one's development. A. The group process 1. Functions of groups	What are the functions of groups? What are the purposes of groups active in our community [illegible] these functions essential for the development of youth? Why? Why not? How?	Discuss the main functions of groups a sixth grader, can be a member of. Have club sponsors as guest speakers. Functions may be listed and discussed. Student leaders from your school's scout troops, Courtesy Service Clubs, and athletic groups may hold jr. symposiums to determine the purpose, advantages, and benefits derived from such types of groups.

Content	Motivating Questions	Teaching Suggestions
2. Types of groups	What types of groups do we have available to sixth graders?	List and discuss groups available to sixth graders in our community. Discuss their value. Include all voluntary and involuntary groups.
	How can we distinguish between favorable and undesirable groups?	
	What sort of groups appeal to you? Why?	
3. Power of group process	What powers may be found in the group process?	Discuss the benefits derived from the group process when executed properly. The "Loud Minority" should also be discussed.
	Do the groups you are a member of (or the ones you'd like to join) offer any forward movement?	
	Can the power of the group process be progressive and/or degenerative? How/	
B. Responsibility of the individual to groups and social institutions		
1. Membership	How important is it to you to join groups or social institutions?	The feeling of importance and responsibility in students must be developed.
	Why do most average sixth graders join some type of group or groups?	Discussions to develop this feeling of obligation is very essential at this point.
	What obligations does one have in a progressive group?	
2. Roles	Should your role-playing be any different from one group to another?	Act out real-life situations dealing with problems in desirable as well as undesirable groups. Follow with discussions or debates.
	Are you able to handle yourself properly in any type of situation in a group?	

Content	Motivating Questions	Teaching Suggestions
3. Respect for groups and institutions		
a. School		
(1) School property and equipment	Why do we have so much vandalism in our schools? Can it be curbed? How?	Secure information on how schools are supported and maintained. Exaggerated cartoons or posters may be used to curb vandalism.
	What can sixth graders do to contribute toward the prevention of vandalism of public buildings?	Suggest projects which can be prepared by sixth graders to prevent defacing, breakage, and other types of vandalism.
	Who is paying for this destruction of property and equipment?	
	Why should we respect public property?	
(2) Teachers and superiors	Do you show consideration for your teachers and superiors? How?	Conduct surveys to determine the qualities essential in well-liked students. Debate to determine if a relation exists between the willingness to work with retention and failure.
	How can we control ourselves when things are not going the way we would like them to? Is compliance with school assignments related with success, progress, and promotion?	
b. Peer groups		
(1) Self-respect	Are we being given the respect due to us by the members of the group(s)?	Discuss how self-respect is really gained and maintained. Set up a debate to determine how self-respect is really gained. During the course of the debate, the characteristics may be enumerated.
	How should we try to acquire the self-respect we desire without hurting our peers?	
	A[illegible] we meeting our obligations well [illegible]ough to have pride in our conduct?	

Content	Motivating Questions	Teaching Suggestions
	Will participation in drug abuse or misuse really help us maintain this self-respect?	
(2) Reasons for joining peer groups	What motives could we have for joining peer groups? Why do we sometimes ignore logical reasons and join undesirable peer groups, like those misusing narcotics?	Conduct survey to find out what organizations and groups are available to sixth graders and what the requirements for joining are. Suggestions: Church, Sunday Schools, Scouting, Choir, Athletic Teams, Safety Organizations, Band, Student Government.
	Are we getting all we can from the Peer groups available to us?	
c. Law		
(1) Understanding role and importance of law	Would our society and its institutions survive without law and its enforcement?	Make arrangements for students to have a field trip to the police station or sheriff's office where the one in charge may give a talk on their jobs and responsibilities. Further information may be obtained to discuss laws in question nowadays, such as those dealing with drug abuse and civil rights.
	Are our law-enforcing agencies doing a good job in our community? What else could they do?	
(2) Recognizing ways in which law helps us	What are some ways these agencies help maintain law and order?	The police chief or sheriff may present the main ways in which they help us.
	How can we help them with problems such as drug misuse or abuse by our peers?	Develop appreciation for law-enforcing personnel through the use of poster campaigns, discussions, and programs. Murals depicting the ways law-enforcement agencies help us may be appropriate. Newspaper and magazine articles and pictures as well as student-made anti-drug slogans can serve as material to recognize this need.
d. Church		
(1) Understanding church and its role	Are the churches doing their job to meet the needs of the children in our community?	

Content	Motivating Questions	Teaching Suggestions
	Can the misuse or abuse of drugs be combatted through the church?	Have students obtain data from their clergy on how the church can aid in combatting drug abuse.
(2) Understanding my responsibility to the church	Can we help our churches to combat this problem? How?	After information has been secured and discussed, compositions may be assigned. The main idea in this lesson is that churches are against drug abuse or misuse and that we as members of the various churches must aid to our fullest capacity. The interest demonstrated by members of a church will determine in a major way what that church will do to combat drug abuse.
C. Responsibility of the group to the individual		
1. Respect as an individual	How can we gain reasonable respect from our peers? How can we maintain it?	Personal interviews to find out how respect is best obtained may be assigned. Ideas may be compiled after discussion.
	Will we be hurt if we "chicken out" in a dangerous situation?	Debate the pros and cons of "chickening out." During the course of the debate, list as many reasons to "chicken out" as possible.
	Do we really know what it takes to be accepted or to be in with favorable groups? With undesirable groups?	
2. Understanding of individual differences		
a. Different opinions	Are you willing to respect your peers' opinions?	A puppet show or role playing may be used to depict how people respect each other's opinions and also how indifferent people may behave and lose their respect.
	Do we try to present good evidence to back up our opinions?	
	Do we ever get opinionated? Why?	
	What can we do to get over this bad habit?	
	Should we try to help those who are different as to the misuse or abuse of drugs?	

Content	Motivating Questions	Teaching Suggestions
b. Social differences	Why do people seek other people?	Invite a civic leader to elaborate on the proper relationships between human beings.
	What is social action? How can we participate in social action?	
	How should we accept social differences?	
	What are some social differences in our community?	Invite a guest who is well-versed in the local cultures and customs to give a talk on social environment.
c. Ethnic differences	What are ethnic groups?	Compositions on ethnic acceptance may be assigned after a discussion of ideas on respect for others' rights and superiority being an individual process.
	Are any of these groups superior to others?	
	Why should we respect all ethnic customs and differences?	
d. Religious differences	Why should we respect our peer's religious beliefs even though they may be different from ours?	A buzz session, class discussion, or debate may aid in developing respect for religious differences.
	Should religious differences have a bearing on who our friends should be?	
D. Factors associated with acceptance by others		
1. Manners	Why must we act our best, besides looking our best?	Guide differences on "why manners?" Answers may be some of the following: 1. Make life easier 2. Get along better 3. Show kindness 4. Maturity
a. At home	What manners should we practice at home?	Charts and posters may be prepared to show manners at home. Charts and posters may be exemplify both good and bad manners. Home manners will include following: 1. Proper table manners 2. Asking for permission to do, borrow, go somewhere, etc.
	Should these manners be practiced only at home?	

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Content	Motivating Questions	Teaching Suggestions
		3. Getting up on time, being prompt to family gatherings or meetings 4. Not monopolizing the bathroom 5. Using the telephone properly
b. At school	What are some manners we should practice at school?	After discussion, students may list and practice manners such as the following:
	Why do my friends like me at times? Why don't they like me other times?	1. Helping new students 2. Taking care of all school property 3. Studying 4. Being on time 5. Disciplining oneself
	Have I noticed any good or bad manners in class? home? etc.	Write and list them. They may later be discussed for constructive praise or correction. Drawings may be used to present idea.
c. At social functions	What do we need to know in order to introduce someone properly?	Go over proper introduction rules. Dramatize introductions and other related situations.
	What other manners are essential at social functions?	Practice and correct improper procedures.
	Do you think you can be accepted by your peers if you have not learned "party" manners?	
2. Maturity		
a. Ability to cope with difficulty	How do I react in difficult situations?	Role playing depicting difficult situations for sixth graders may be presented by students. The possible solutions may then be discussed. Film: "Red Light, Green Light" may be shown to further the development of self-control in difficult undesirable situations, if it has not been shown before.
	How do I meet disappointments when things look bleak?	
	How do I meet failures?	
	How do I react when I am not chosen or not given what I want?	
	Am I willing to work and try harder when the going gets tough?	

Content	Motivating Questions	Teaching Suggestions
b. Self-discipline	Which is the best kind of discipline?	Discussions should lead to the idea that self-discipline is better than that which is applied due to undesirable behavior.
	Why are children who have had little or not discipline hard to teach or get along with?	
	What is meant when we say a little discipline will do us "a world of good"?	
c. Accepting responsibility	How do we show our parents, peers, teachers, and others that we can accept responsibility? Should sixth graders accept responsibility to take care of younger brothers and sisters? What else?	Students may conduct parental survey as to what obligations may be undertaken at home by six graders. Periodic checks may be done to check development of responsibility.
	What does "actions speak louder than words" mean?	Assign chores in school to develop this essential quality. Everyone should take turns at these duties.
	Do our responsibilities increase as we grow up? Why?	
	How can I tell if I am maturing?	Use the dimensions for buzz sessions, panel discussion, reports, or checklists. Bring out and enumerate characteristics that may develop maturity.
	How can I tell if others are mature?	
	What is the difference between a person who is mature and a person who is immature?	
	How does a person who is mature act?	
	What are some general characteristics that would classify me as being mature?	
d. Good citizenship	How can I start developing an interest in public matters?	An essay contest may be sponsored after thorough discussion of the civil rights, duties, and privileges of citizens. A serious campaign may be launched to demonstrate good citizenship in our community.

Content	Motivating Questions	Teaching Suggestions
	Why do I possess civic rights, privileges, and freedoms in this country? How can I protect my rights? Why should I defend them?	
3. Poise	What is poise? Do I have poise? Do I say the right thing at the right time? What does - - "there's a time and a place for everything" - mean?	The following topics may be implemented to cover these questions. 1. Being self-centered 2. Ability to know what is best 3. Society's requirements of knowing what to say and do 4. Ability to speak in front of people 5. Shopping for clothes 6. Cleanliness and neatness 7. Ability to handle emotional energy
	What kind of person panics when things don't go right? How can I develop the poise needed to stand up and speak before a group of people? What are some activities I can get myself involved in that will help me acquire poise?	Posters and drawings for display in school and public buildings may help to further this dimension.
4. Ability to converse	How do I rate in conversations? Can I carry on a conversation with just about everyone or am I quite limited?	Teacher-guided buzz sessions may include the following topics: 1. Do you know how your best friends, teachers, and parents react to things you say or do? 2. Can you put yourself in the other person's place? (Would you?) 3. Do you brag? Is this done in the presence of others who are of lower ability, etc?

Content	Motivating Questions	Teaching Suggestions
	When should I use formal language? informal language? slang? (Could be correlated with English lesson)	4. Do you belittle your parents? 5. Do you criticize for the fun of it? 6. Do you try to show appreciation? 7. Do you build up people before saying something which needs to be said? 8. Do you always use a pleasant voice? Speak correctly? 9. Do you read good material? 10. Do you listen at least half of the time? 11. Are you willing to show interest in what others do or say?
E. Planning for the future		
1. Setting goals		
a. Immediate	What immediate goals have I set for myself? Are these really the things I want? Will these goals get me where I am going?	A discussion offering some guidelines or a counselor may present information students need to form some ideas or immediate goals.
	Am I willing to make a bonafide effort to reach these goals (In spite of peer persuasion and pressure?)	
	Have I consulted with my parents? teachers? counselors?	
b. Long range goals	What are my plans for the future?	The teacher may use provoking questions to help students analyze themselves and aid them to reach a plan in relation to their interests.
	Are my long range plans within my capabilities?	
	Am I taking full advantage of all present opportunities?	Aid should be given to students to help them establish themselves.
	Is this really the type of person I wish to be?	Booklets and pamphlets may be requested from various places to acquaint students with the various occupations available to them. (Consult Laredo Public School Counselors)

Content	Motivating Questions	Teaching Suggestions
2. Factors in reaching goals		
a. Education	Why should I stay in school?	List and discuss the reasons why students leave school before terminating their courses.
	Why do students drop out of school?	
	What can I do to alleviate this problem?	Discuss school drop-out problems.
	What else, besides the state compulsory age law, may help us to pursue our education ?	A poster campaign may be sponsored to help alleviate the drop-out problem. These posters may be placed at student hang-outs.
b. Expectations	Have we set our goals too high or too low? Why?	
	Am I willing to work hard to reach these goals?	
	Will these goals make me the kind of person I wish to be when I grow up?	
c. Recognizing assets and liabilities	Have we taken note of our assets and liabilities?	The teacher may aid each student, on an individual basis, in analyzing his assets and liabilities and suggesting accordingly.
	Would drugs keep us from achieving our maximum?	
	Are we taking full advantage of our assets?	Have a high school or junior high school counselor as a guest speaker to discuss such topics as - - a. Individual limitations, b. Standards, c. Goals, d. Temporary hardships, e. Habits (good and bad), f. Migrant students and unskilled jobs, and g. Summer jobs. All students in need of counseling should be referred to that department.
	Are we trying to strengthen our weaknesses? How?	

TEACHER'S NOTES

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

Concept 2: A thorough knowledge of drugs in general can prevent their misuse and abuse. Grade Level : II - 6th

Content	Motivating Questions	Teaching Suggestions
I. Drugs are misused or abused by different types of people.	What do you know about drugs?	Teachers may refer to the appendix sections of this guide as part of their research for preparation.
	Is there a drug problem? How do we know? What age groups are among the abusers?	This is the introduction to hard drugs; therefore, the teacher should feel the class out to learn how much knowledge they possess on the subject. Have a class discussion how a drug is misused. By acquiring an aspirin bottle, explain that every medicine has a label on which directions, are printed. Discuss why directions must be followed. If a person does not follow these direction, he is misusing a drug. Another misuse is taking medicine that belongs to someone else.
	How can drugs be abused? Misused? Why shouldn't prescribed medicines be passed on to somebody else?	Collect newspaper articles relating to drug misuse and abuse for discussion. Evaluation survey revealed students are fully aware people around us, including family members, have used or are using drugs. Much information has been volunteered in this manner. It should be utilized.
	What is drug dependency? habituation? How do these terms differ?	Guide students to realize that anyone who is dependent upon any drug for any purpose, not determined to be necessary by a doctor, is a drug abuser. Research on physical dependence and psychological needs.
A. Normal people	What causes young people to start using drugs?	In discussion, present the idea people take drugs for various reasons. Guide students to realize drugs can be helpful, but they can be very harmful if they are used in the wrong quantity or in the improper manner, Some drugs also have side effects.
	Why don't we all become drug dependent?	Research may be assigned to obtain information on the groups who use drugs and the reasons for their uses. They may be discussed and reasons enumerated.
	Are youths particularly susceptible to the misuse or abuse of drugs and addictions?	
	Do emotionally well-adjusted people use drugs? Why?	

Content	Motivating Questions	Teaching Suggestions
	Do these normal people ever become addicted? Why?	
	Who is an accidental addict?	
	How can normal young people become addicted?	
	Is it dangerous to associate with young addicts? Why?	
B. Neurotic people	What does neurotic mean?	Discuss neurotic behavior. After discussion, list the reasons neurotic people may use drugs and then try to determine if these reasons are good enough to continue drug usage.
	What are neurotic people like?	
	Why do most neurotic people use drugs?	
	What is the difference between a mature, responsible person and a neurotic person?	Compare a healthy, normal, person to a neurotic to determine how each would react.
	How do neurotic people try to escape reality?	
	Will a drug or a variety of them be a proper relief of escape? Why not?	
	Are neurotics addiction prone? Why?	
C. Psychopaths	What are psychopaths?	Research on people with character disorders may be prepared for discussion. After discussion, determine the reasons why psychopaths take drugs; we should then analyze them to determine if these are reasons valid enough to take these substances.
	How do they act? Why?	
	Why would psychopaths take neurotic drugs?	
	Are these emotionally immature people addiction prone? Why?	
	Can normal youths acquire neurotic or psychopathic characteristics?	

Content	Motivating Questions	Teaching Suggestions
	What is an abuser?	Manifestations of specific drugs may be researched and discussed.
	Is a psychopath an abuser?	
	How can an abuser be identified?	
II. Drugs and other substances may be misused or abused for different reasons.		Use 3M Transparencies to observe the forces and situations in which drugs might be used. (available at Media Center.) Follow with discussion, telling it like it is. Possibly the most common reason teenagers use "mind-benders" is the desire by them to do the "in-thing."
A. Curiosity	How can curiosity get us into trouble?	
	Do we have to experiment to satisfy our curiosity?	
B. Pretending to be an adult	Will we really become more of an adult if we use drugs?	
C. Going along with the group	What does "going along with the group" mean to you? Will the thrill be worth it?	Have buzz sessions and discussions on peer persuasion. Enumerate the peer pressures and determine if they are valid enough to take drugs. Prepare student-made defensive mechanisms.
	Would a friend actually involve another in criminal activities?	
	Do you have to take drugs in order to be accepted? Why?	
	Are boys and girls who are drug abusers more readily accepted by their peers?	
D. Escaping from reality	Drugs are used as an escape from reality. What does this mean?	A list of questions or topics may be compiled for research, debates, or discussion. Some topics which may be brought up are the following:
	Others take drugs as a "rebellion" against parents and society? Why?	1. Drug Abuse 2. Effects of drug abuse including drug dependence
	Will drugs provide you with a satisfactory release?	3. Signs of drug abuse 4. Parents' role in the problem of d s

Content	Motivating Questions	Teaching Suggestions
	Can people use drugs without becoming dependent on them?	5. Escape from boredom Guide students to establish the known fact that everybody has tough problems to solve; the sooner we attack and solve them, the faster we will mature. Delay of the pursuit for the solution to problems is not the answer.
	Is taking drugs any more dangerous than drinking alcohol or smoking cigarettes?	
III. The human body is affected by different substances. A. Stimulants	What substances ("mind-benders") are used for thrills or "kicks"? As medicines? What are the drugs being abused today? Symptoms?	Teachers may prepare themselves by studying specific and slang terminology as well as the effect of drugs; this may be found in the appendix section of this guide. Request a "Dial a Drug" wheel from the Media Center to acquaint oneself with drug names, slang names, medical classifications, uses, symptoms of abusers, forms, characteristics, mode of administration, legal sources and penalties.
	Which are the drugs that cause addiction?	Filmstrips from TANE may be used to show the effects of stimulants. (available at Media Center.)
	Which are the "dangerous" drugs?	
	What drugs are used as stimulants?	The stimulants include cocaine used occasionally for local anesthesia in oral-nasal surgery, amphetamines, dextro-amphetamine, and methamphetamines used medically for weight reduction, mild depression, and narcolepsy.
	How do they affect the body?	
	Why do doctors prescribe amphetamines?	
	How are they abused?	
	What effects do "pep pills" have on the body?	
	What are the hazards of amphetamines?	
	How is the use of amphetamines recognized?	Discuss past and present amphetamine fads.
B. Depressants	What are some drugs used to slow down the body process?	Have a person from the medical profession give a talk on the effects of drugs on our bodies.

Content	Motivating Questions	Teaching Suggestions
	Why may doctors sometimes prescribe barbiturates?	The depressants include most hard narcotics such as morphine, codeine, heroin, synthetic meperidine, and methadone. Barbiturates and non-barbiturates sedatives are also depressants and are used to hold down the activity of the central nervous system, causing a lowering of blood pressure or a slowing of the pulse or breathing. Heroin, an analgesic for relieving pain, is not used legally in the U.S. Morphine is also an analgesic.
	Why are barbiturates frequently involved in suicides?	
	How are their uses recognized?	
	Are depressants habit forming?	
C. Hallucinogens	Do hallucinogens have medicinal value?	Invite a person from the Bureau of Narcotics, Medical Association, or Food and Drug Administration to present a talk on the dangers of hallucinogens or on the beneficial effects of properly used drugs as well as the harmful effects when the same drugs are misused or abused. Show film "L.S.D. Insight or Insanity" (available at Media Center). Follow with discussion on the youth of today.
	Who abuses hallucinogens?	
	What are the effects and hazards of hallucinogens?	
	What are the effects of marihuana? its hazards?	
	Which are the hallucingens drugs? How is the user recognized?	The hallucinogens include marihuana, L.S.D., Mescaline, Peyote, and psilocyben, dimethyltrptamine (DMT), and dimethoxy-methyamphetamine. (STP).
	What is marihuana?	Assign class a short research paper on the history of marihuana. Read and discuss a few of these papers.
	How does a person act under the influence of marihuana?	Discuss reasons why marihuana should not be used.
	Why do people use marihuana?	Discuss reasons why people use marihuana and guide students to reach desirable conclusions and insights.
	What are the possibilities of marihuana smokers progressing to harder drugs?	
D. Other harmful substances	What are the dangers involved when misusing substances such as airplane glue, fumes from gasoline or lighter fluid, aerosols and ether?	Discuss the primary uses of these substances. After buzz sessions, exaggerated cartoons may be drawn to show the effects of drugs and other substances when misused or abused. These cartoons may be used in buzz sessions or for display along with their own anti-drug abuse slogans.

Content	Motivating Questions	Teaching Suggestions
	What are volatile chemicals?	
1. Inhalants	What effects result from inhaling these substances?	Film on the abuse of solvents from Stanley Brady may be viewed.
	What are the hazards of experimentation?	Students may make an inventory of harmful substances usually found in the home. Enumerate hazards and list proper controls for their use. First aid for accidental swallowing of dangerous substances may also be discussed and practiced.
	Are there legal controls over these practices? Should the sale of these substances be regulated?	Letters may be prepared to present to the legislature to recommend this type of regulation.
	What makes these substances potentially dangerous?	
	If they are dangerous, why are they legal?	
2. Old prescription drugs	Are old prescription drugs dangerous? Why?	Have a poster campaign to: 1. Clean out medicine cabinets 2. Label all medicines in the home 3. Safe-keeping of drugs and prescriptions. 4. Display hazards of potentially dangerous medicines when used or abused.
	How long should we keep them at home?	
	What should be done with unmarked prescriptions?	
IV. Effects of drug addiction are physiological, psychological, and sociological.	What is drug addiction?	Discuss the following: 1. Cost to the abusers and to society 2. Impurity of the drugs when bought illegally, which may lead to death. 3. Penalty 4. Effects on one's future 5. Effects on society
	What do addicts contribute to society?	
	How does abuse of drugs relate to crime?	Assign research and ungraded themes or reports to show the relation of drugs to crime and illness, or possible death.
	How can our personalities be changed because of drug abuse?	Posters may be prepared to bring out the disadvantages of drug addiction.

Content	Motivating Questions	Teaching Suggestions
V. Research and development of drugs must be done before the actual production for selling them.	How is research done for the development of a new drug?	Write letter to the Food and Drug Administration for information on drug development and research.
	Who finances the development of drugs?	
	How are drugs developed?	
	How are they tested?	
A. Research	Why should all drugs be investigated?	Write letters for information on drugs and drug research to the American Medical Association, the American Drug Manufacturers Asso., American Pharmaceutical Manufacturers Asso., and the Proprietary Association.
	Why do scientists search for facts about drugs?	
B. Production	What are some necessary steps in the production of drugs?	Using the encyclopedia; investigate how drug companies manufacture drugs. An average of $22 per person totaling four billion was spent for drug and surgical supplies in 1964.
	Why must drug companies be very careful in the production of drugs?	
C. Quality	Why must drug companies produce drugs that are identical in each batch?	Research and discuss why all batches of the same drug must be of the same quality and quantity.
	What are underground laboratories?	Guide students to realize that drugs on the illegal market are impure and the amount of drugs is seldom evenly measured.
D. Distribution	How are drugs distributed?	Prepare a study on the distribution of drugs. Discuss the types, distribution, regulation, and advertising.
	Why are drugs divided into categories such as the ethical and proprietary drugs? How much is the extent of the "Drug flood"?	
1. Ethical drugs	What are ethical drugs?	Write a short paragraph differentiating between prescription drugs and the proprietary or "patent medicines".
	Why are some drugs sold over the counter while others would be illegal if sold without a prescription?	

Content	Motivating Questions	Teaching Suggestions
2. Advertising regulations	Why aren't ethical drugs advertised in magazines, newspapers, radio and television like the proprietary drugs? Who regulates drug advertising? Why?	Have students bring advertisements of drugs and discuss them in class. Research to determine why ethical drugs are not advertised in regular periodicals, radio, and television.
3. Medical service representatives or "detail men"	Who are the "medical service representatives" or "detail men" and what do they do for drug companies?	Samples and literature on ethical drugs are sent by mail; films and exhibits may be sent for and exhibited.
VI. Knowledge of laws and regulations on drugs are the responsibilities of the government and its various agencies, medical and pharmaceutical people, teachers and parents, as well as of the students.	What is the punishment for possession of any narcotic drug? for the sale of any narcotic drug?	Write to the Dallas Morning News to request "Youth and the Law" prepared by Henry Wade. The sale of depressants, stimulants, and hallucinogens is either forbidden or very carefully controlled; anytime these substances are purchased illegally, the accuracy of measurement and adulteration is very doubtful causing unanticipated thrills in unpredictable reactions. Refer to Appendix D to review the laws regulating drugs as part of research and preparation.
A. International regulations on drugs	Why does the government make laws to regulate the use of drugs between countries? Has the U.N. done anything? What? Has it succeeded? Why? Can Interpol control international drug trafficking? How?	Explain in discussion how treaties, pacts, and agreements are made to limit production and shipment of drug from one country to another. Study to obtain information on how the U.N. and Interpol function to prevent international illegal drug trafficking.
B. Federal government regulations	Who are the drug regulating agencies in the U.S.? How do they regulate or intercept illegal drug traffic? What is a smuggler? Why are taxes collected from narcotics dealers?	Discuss reasons why no person should take narcotics unless he is under a doctor's care or use proprietary drugs even as instructed on the label without parents' consent. The regulating agencies and their responsibilities may be listed and discussed. This list should include the Food and Drug Administration, the Federal Trade Commission, and the National Institutes of Health.

Content	Motivating Questions	Teaching Suggestions
	What are the laws regulating amphetamines? barbiturates? hallucinogens?	"Narcotic and Dangerous Drug Enforcement Regulations" may be requested from the Dept. of Justice, Bureau of Narcotics and Dangerous Drugs, Washington, D.C.
	Why does the government permit narcotics to be sold only by prescription?	
	Is this limitation legal? Who determines whether a drug is sold by prescription or as a patent drug?	
C. State and local laws and responsibilities	What are the main responsibilities of the state and local police?	Have, as a guest, a state or local officer who deals in the narcotics department. He may discuss state laws. It should be brought out that states with the most positive law enforcement have the lowest incidence of drug abuse.
	What are plain clothes men?	
	Why do they pose as junkies and associate with the drug peddlers?	
	Why is the money marked by undercover agents before making a "score"?	
	How can our community help in the development of our youth?	Prepare projects or campaigns against drug abuse. Students may stimulate adult interest.
	What activities or projects could be provided for youth?	
D. Our responsibilities	What can be the best defense or solution to the narcotics problem?	Hold a panel on our responsibilities to the problem of drug abuse. Some suggested topics: 1. Defense mechanisms against persuasion. 2. How can we help prevent drug abuse? 3. Would you have an abuser drive on our highways? Let him build your home? Operate on you? Teach young students? Mix your medicines? Engineer buildings and bridges?
	How can we help law enforcement agencies?	
	Should we refer an addict to the proper authorities? Why?	
	How can education and research help us become more aware of the addicting effects of drugs?	

Content	Motivating Questions	Teaching Suggestions
	What harmful effects can occur when we take drugs for a long time without medical prescription?	Discuss the relation of the abuser to his work habits, etc.
	What is drug tolerance?	
	What is a fatal dose?	
	Why not take a double or larger dosage of drugs or narcotics when sick?	Discuss important reasons why we should take only amount prescribed by our doctor.
	Is it possible for a drug to be both beneficial and harmful? Why?	
	How do labels on substances help us?	Students may create labels for all potentially dangerous substances.
	Where can one get treatment for drug addiction? Can addicts be rehabilitated and re-educated?	Discuss with students that addicts interviewed have all said withdrawals are so bad, that they would never wish this on their worst enemy. It is better to stay away from drug abuse or misuse.
VII. (Culminating Activity)		
Views or ideas on this problem may be of value to us and the people around us.	What views or ideas do I now have on the use, misuse, and abuse of drugs and other dangerous substances?	Written or oral themes may be prepared to note and compare views and ideas expressed at the beginning of this concept. Students may list the factors which may have changed their views.
	How can the drug problem be controlled?	Prepare an essay on this topic. It should include the following controls: 1. Legal manners 2. Proper medical guidance 3. Proper health education (ability to determine mood modifier value) 4. Adequate understanding of drug uses 5. Proper guidance for drug users with narcotics problems

Content	Motivating Questions	Teaching Suggestions
	What should we do if someone offers us some type of narcotic?	Have the students discuss and come up with a list of what to do if someone offers them a drug. All students should be able to reject undesirable peer persuasion.
	Do you have rules at home dealing with safe-keeping and use of medications?	All students explain to parents the purpose - for going home and listing all drugs available and how they benefit mankind. These lists are compiled to form a master list.
	Can safe and useful drugs be unsafe or dangerous?	
	What are some rules for the use and proper handling of drugs?	A list of rules may now be compiled by the class on how to handle drugs properly.

RECOMMENDATIONS

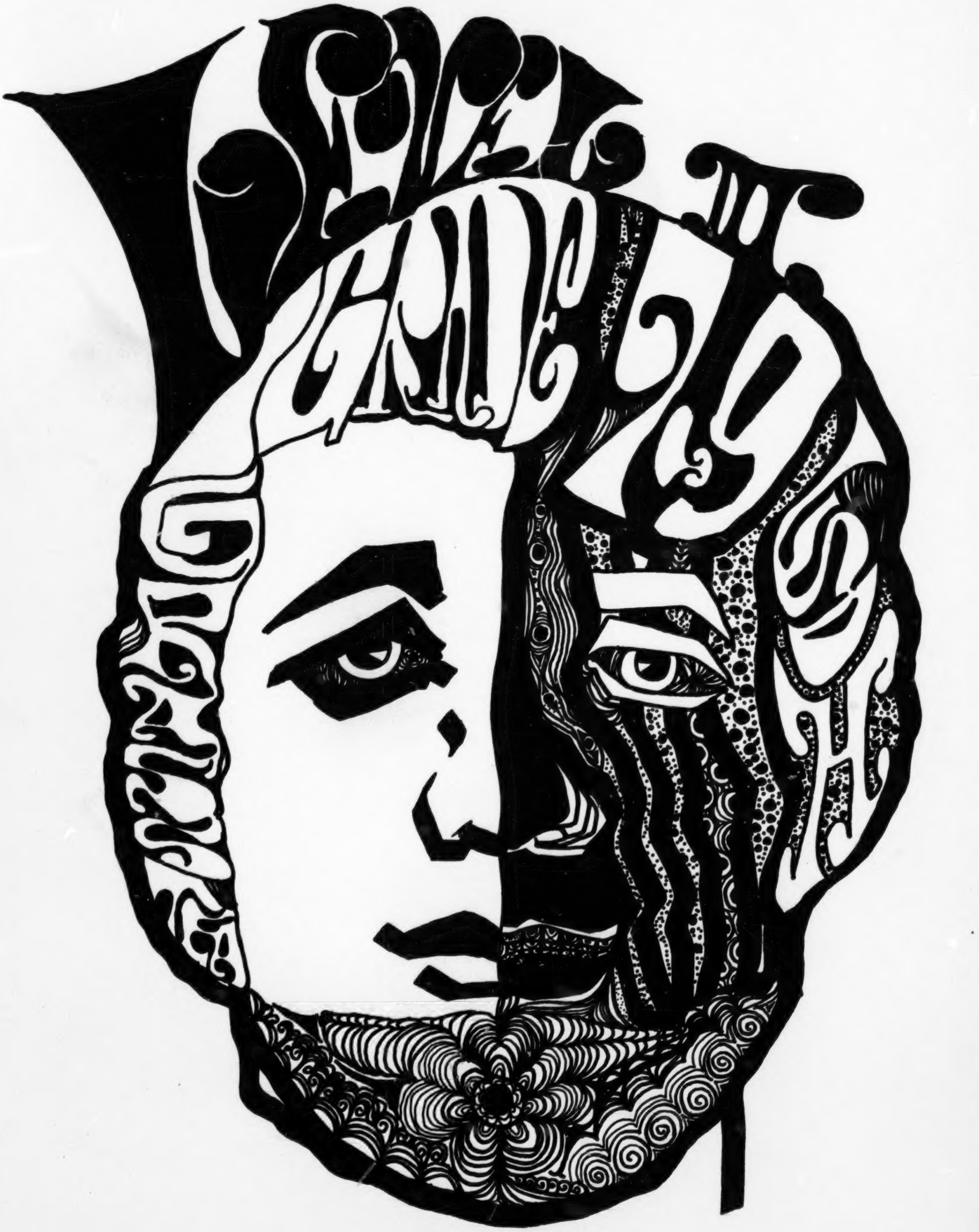
Teachers and all personnel involved in the teaching of the drug curriculum should be well informed on the subject of drugs beforehand.

Teachers should learn to avoid scare tactics. The legal aspects of drug use should be explained.

Some of the penalties should be emphasized. It should be pointed out that even if the judge waives the full penalty or gives a suspended sentence, a young person can be barred for life from getting a driver's license or entering medicine, law, or teaching profession in many states. Sometimes trying to find a responsible job might be difficult.

Health organizations, public health officials, physicians and educators should be urged to join forces to make young people more knowledgeable on drugs and their effects.

TEACHER'S NOTES



LEVEL III—Multi-disciplinary Approach

A. English
B. Mathematics
C. Social Studies
D. Life Science
E. Health and Physical Education

ENGLISH

INTRODUCTION TO LEVEL III ENGLISH

In preparing this guide an attemp has been made in grades seven, eight, and nine to relate the existing English curriculum with information on drugs. The guide is not meant to be used as propaganda against drugs. The objective is to provide facts on the pros and cons of the use, misuse, and abuse of drugs so that the students can make their own decisions responsibly. The teacher, in the preparation of this guide, had in mind not only the child who attends junior high school, but the child who goes out into the moder world of today.

The material is suggestive and tentative. Teachers are urged to make deletions of materials they did not find useful or pertinent, and to record additional references, audio visual aids, motivating questions, creative activities, and evaluation devices which they may have found helpful.

The starting point may well vary from teacher to teacher or from class to class, depending upon the abilities of the students, the aims of the teachers, and the time alloted.

The three areas covered are Dictionary Skills, the Use of the Library, and Suggested Activities to be correlated with any other units within the existing curriculum, The reason that the third unit is different from the other two units is that much of the drug material did not lend itself to full development in the accepted format. Therefore, the teacher went through the textbooks and suggested areas where drug education could be successfully implanted.

GENERAL OUTLINE

ENGLISH

GENERAL CONCEPT: The teenager needs a good working vocabulary and general knowledge dealing with drugs in order to better understand the dangers of drug abuse.

I. A dictionary contains information about the spelling, pronunciation, meaning, and history of words dealing with drugs.

- A. Guide words
- B. Derivatives
- C. Idiomatic expressions
- D. Spelling
- E. Pronunciation

    - 1. Syllabication
    - 2. Accent

- F. Meaning
- G. Etymology
- H. Parts of speech
- I. Synonyms and antonyms
- J. Suggested Test or Teaching Activities

II. The teenager should be made aware of any and all information available to him on the use, misuse, and abuse of drugs.

- A. The Dewey Decimal System
- B. The card catalog
- C. Books

    - 1. Fiction
    - 2. Non-Fiction

- D. The encyclopedia
- E. Periodicals
- F. Literary reference books

III. A number of teaching suggestions readily lend themselves to various phases of the present English Curriculum.

- A. Preparing a short talk or report
- B. Interviewing
- C. Organizing a discussion or debate
- D. Writing letters
- E. Taking notes
- F. Research work
- G. Writing a composition
- H. Newspaper articles
- I. Character sketches
- J. Book reports
- K. Previewing a movie or a filmstrip

L. Essays
M. Relating personal experiences
N. Understanding prose
O. Understanding Poetry
P. Reading Skills
Q. Outlining
R. Posters
S. Mechanics of Expression

IV. Appendices

A. Appendix A - Word list
B. Appendix B - Suggested Topics
C. Appendix C - Crossword Puzzle
D. Appendix D - Resource Materials for Students
E. Appendix E - Suggested Procedure for Compiling a Booklet on Drugs

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

Concept: The teenager needs a good working vocabulary dealing with drugs in order to better understand the dangers of drug abuse.

Grade Level: III – English

Content	Motivating Questions	Teaching Suggestions
A dictionary contains information about the spelling, pronunciation, meaning, and history of words.		
A. Guide words	What are guide words? Under what guide words would you find drug? narcotics? substance?	Have the students list the guide words found on the dictionary pages where each of the following appear: (Choose any and as many words as you wish from Appendix A of this English Section).
B. Derivatives	What is a root word? What is a derivative? What are regularly formed derivatives? Irregularly formed? How are derivatives listed in a dictionary?	Refer to the dictionary and record the entry word for each of the following words: (Choose any and as many words as you wish from Appendix A).
C. Idiomatic expressions	What is an idiomatic expression? An idiom? How are idiomatic expressions found in a dictionary? What idiomatic expressions can be used in reference to drugs?	Have each student list at least ten different idiomatic expressions relating to drugs (Example: "take a trip.") and then use the dictionary to find the meaning of each.
D. Spelling	How can you look up a word that you can't spell?	Dictate a list of at least 10 words from Appendix A and have the students spell them correctly by finding them in the dictionary.

Content	Motivating Questions	Teaching Suggestions
	Under what two letters would it be logical to look up the word physician? psychiatrist?	
E. Pronunciation	What is a pronunciation key? How is it used?	Provide the students with pronunciation symbols for a list of words from Appendix A. Using the pronunciation key in the dictionary, have them rewrite each word.
1. Syllabication 2. Accent	What rules should be followed when breaking a word into syllables?	Dictate a list of words from Appendix A and have the students give the pronunciation in symbols and then rewrite the word, breaking it into syllables and indicating where the stress falls.
F. Meaning	How many different meanings can a word have?	Give the students a list of words from Appendix A and have them find all the meanings for each.
	What is meant by multiple meanings?	Write sentences on the blackboard using slang terms for drugs and have the students find the meaning from context.
	How many different meanings does the word dope have?	
	What is context?	
G. Etymology	What is etymology?	Let the students find and copy the etymologies to a list of words from Appendix A.
	How do etymologies appear in the dictionary?	
	Where is a key for reading etymologies found?	
	What is the etymology of the word "marihuana"?	
H. Parts of speech	How many parts of speech are there?	Have the students find the parts of speech of words provided from Appendix A.
	Upon what does the part of speech of a word depend?	Let students use the same word as its different parts of speech in different sentences.
	What are the abbreviations for the parts of speech?	

Content	Motivating Questions	Teaching Suggestions
	Where are parts of speech of words found in the dictionary?	
I. Synonyms and antonyms	What is a synonym?	Give the student two lists - one of a number of different drugs and one of slang terms for these drugs - and have them match them.
	What is an antonym?	
	What is connotation?	
	How do we use synonyms and antonyms?	Write a list of words from Appendix A on the blackboard and ask for synonym and antonyms for them. Culminating activity: Have the students identify the different parts of a dictionary entry by writing it in its entirety on the blackboard or mimeograph it with its parts numbered: $\overset{1}{\text{mor}}\overset{5}{\cdot}$ phine $\overset{2}{/ˈmȯr,fen/}$ $\overset{3}{\text{n.}}$ [From German $\overset{4}{\underline{\text{morphin}}}$, named after Morpheus, the ancient Roman God of dreams.] ^{6}A bitter white, crystalline drug made from opium and used to deaden pain and induce sleep. Students identify the numbered parts: 1 Spelling 2 Pronunciation 3 Part of Speech 4 Etymology 5 Syllabication 6 Definition

J. SUGGESTED TEST OR TEACHING ACTIVITIES

DICTIONARY SKILLS

1. Divide the following words into syllables:

a. gasoline ____________________

b. rehabilitation ____________________

c. personality ____________________

d. derivative ____________________

e. synthetic ____________________

2. Find the entry word for each of the following derivatives:

a. prolonged ____________________

b. habituation ____________________

c. intoxicate ____________________

d. hallucinogens ____________________

e. smuggling ____________________

3. Write the pronuciation for each of the following words:

a. tranquilizer ____________________

b. detrimental ____________________

c. caffeine ____________________

d. physiology ____________________

e. fatigue ____________________

4. Give the etymology of each of the following words:

a. therapeutic ____________________

b. tolerance ____________________

c. morphine ____________________

d. toxic ____________________

e. medicine ____________________

5. Fine the main word and the meaning of each of the idiomatic expressions (underline the main word)

a. to take a trip ____________________

b. cold turkey __________

c. a happening __________

d. kicks __________

e. turned on __________

6. Match the appropriate definition of the underlined word to the context of the sentence.

a. The athlete has suddenly gone to pot.

____

b. She uses two kinds of hair sprays.

____

c. The dope pusher was arrested this morning.

____

d. The addict uses mostly hardcore drugs.

____

e. Idle gossip can mushroom and get out of hand.

____

7. Write a synonym for each of the following words:

a. narcotics __________

b. toxic __________

c. junk __________

d. substance __________

e. flashback __________

8. Write the part or parts of speech for the following words:

a. addict __________

b, bromide __________

c. acid __________

d. misuse __________

e. sniff __________

ENGLISH APPENDIX A - WORD LIST FOR DICTIONARY UNIT

ABERRATION
ABSORB
ABSTINENCE
ABUSE
ACETONE
ACID
ADDICT
ADDICTIVE
ADDITIVE
AFTERFLASH
AGGRESSIVE
ALCOHOL
ALKALI
ALKALOID
ALLERGIC
AMBER
AMPHETAMINES
AMPULES
AMYTAL
ANEMIA
ANESTHESIA
ANTISEPTIC
ANTISOCIAL
ARTILLERY
ASPHYXIATION
ASPIRIN
BACKTRACT
BANG
BARBITURATES
BENNIES
BENZEDRINE
BENZENE
BINDLE
BLAST
BOO
BREW
BROMIDE
BUM
CACTUS
CAFFEINE
CAPSULE
CARTWHEELS
CHARGE
CHICKEN
CHROMOSOME
CLAMMY
COCAINE
CODEIN
COMA
COMPETENT
CONCENTRATED
CONFORM
CONSTIPATION
CONSUME
CONTROVERSY
CONVULSIONS
COOL
COP-OUT
COUNTERFEIT
CRAMPS
CURE-ALL
CRYSTALLINE
DAZE
DELIRIUM
DELUSION
DEPENDENCE
DEPRESSANT
DEPRESSION
DERIVATIVE
DETERGENT
DETERIORATION
DETRIMENTAL
DEXEDRINE
DIAGNOSE
DILATE
DILUTE
DIMINISH
DISPENSE
DISTORTION
DOSE
DOZE
DRUG
EASE
ELIXIR
EMOTIONAL
ENERGY
EUPHORIA
EXASPERATION
EXHILARATION
EXPERIENCE
EXTREME
FATIGUE
FLASHBACK
GASOLINE
GIMMICK
GLUE
GOOF
GOOFY
GRASS
GROOVY
HABIT
HABITUATION
HALLUCINATION
HALLUCINOGEN
HANGUP
HAPPENING
HARDCORE
HASHISH
HAWK
HERB
HEROIN
HIGH
HILARIOUS
HOOKED
HORSE
HYPNOTIC
HYPO
IMPAIRED
IMPURITIES
INDUCE
INFECTION
INFLUENCE
INHALANT
INSECTICIDE
INSECURITY
INSIGHT
INSOMNIA
INTENSE
INTOXICATE
INTRAVENOUSLY
JERKY
JITTERY
JOINT
JUNK
JUVENILE
KICK
KNOCKOUT
LAXATIVE

LETHAL
LSD
LUMINAL
MACHINERY
MAINLINE
MALNUTRITION
MARIHUANA
MEDICAMENT
MEDICINE
MESCALINE
METHADONE
METHADRINE
MISUSE
MOOD
MORPHINE
MUSHROOM
NAPTHA
NARCOTIC
NEMBUTAL
OPIUM
ORAL
OVERDOSE
PAD
PALPITATION
PANIC
PARANOID
PARAPHERNALIA
PAREGORIC
PATENT
PEDDLER
PERCEPTION
PERSONALITY
PHARMACIST
PHARMACOLOGY
PHONY
PHYSIOLOGY
PLUNGER
POD
POISON
POPPY
PAT
POSTPONE
POTENT
POTENTIAL
POWDER
PREDICTABLE
PRESCRIPTION
PROLONGED
PSYCHEDELIC
PSYCHOLOGY
PSYCHOSIS
PUSHER
QUACK
REACTION
REEFER
REHABILITATION
RELIABLE
RELIEVE
RESIDUE
RESISTANCE
SATURATED
SCHITZOPHRENIA
SECONAL
SEDATIVE
SEDATION
SERENITY
SEVERE
SHAKEDOWN
SHELLAC
SMUGGLE
SNIFF
SOCIETY
SOCIOLOGICAL
SPEED
SOBER
SPRAY
STICK
STAGGER
STASH
STIMULANT
STIMULATE
STONED
STROKE
STUPOR
SUCKER
SUBSTANCE
SULPHATE
SYMPTOM
SYNTHETIC
TABLET
THERAPEUTIC
THERAPY
TOLERANCE
TOLUENE
TONIC
TOXIC
TRACKS
TRADE NAME
TRANQUILITY
TRANQUILIZER
TREMORS
TRIP
TUNED
ULCER
UNPREDICTABLE
USER
VAPOR
VOLATILE
WEED
WHOLESALER
WITHDRAW
XYLENE
YOUNGBLOOD

TEACHER'S NOTES

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

Concept: The teenager should be made aware of all information available to him on the use, misuse, and abuse of drugs.

Grade Level: III - English

Content	Motivating Questions	Teaching Suggestions
Knowledge of proper use of the library can broaden the student's awareness of the dangers of drugs.		
A. The Dewey Decimal System	What are the two main classes into which all the books in the library are divided?	Make a simple drawing of the library, showing the locations of the main classes of non-fiction books.
	What is the purpose of the Dewey Decimal System?	Go to the library and find a book that contains information on drugs in each of the following fields. Explain why the book carries its particular call number.
	What are the ten classes of books under this system?	1. Religion 2. History 3. Chemistry 4. Science 5. Philosophy 6. Government 7. Education 8. Biology 9. Sports 10. Law Enforcement 11. Botany 12. Geography
	Under which of these ten classes would you find information on drugs?	
	What is the call number of a book? What does it consist of?	
B. The card catalog	How many kinds of cards are found in the card catalog? Name them.	Find the titles of five books on drugs. Give the publisher and copyright date of each.
	What information is found in each card in the card catalog?	Give the titles and authors of two books that contain information on drug abuse.
	Under what subject headings would you find books about drugs?	Make a bibliography that includes five books that contain information on beneficial uses of drugs.
C. Books	What are the parts of a book?	Find any book that contains information on drugs and briefly state its purpose. Tell how you obtained this information.
1. Fiction	What is a copyright?	
2. Non-fiction		

Content	Motivating Questions	Teaching Suggestions
	How is a table of contents arranged? What is a glossary? What is a bibliography? What is an appendix? What is an index? How does it differ from a table of contents?	Find any book on drug use, drug misuse, or drug abuse and copy the following information: 1. Title 2. Copyright date 3. First sentence of preface or foreword (if there is one) 4. First sentence of introduction 5. Dedication 6. Acknowledgments 7. First topic under table of contents (with page number) 9. Tell about the first illustration 10. First word, together with its definition, in the glossary 11. First title in the bibliography after the first chapter or at the end of the book.
D. The Encyclopedia	How are the entries in an encyclopedia arranged? How does an encyclopedia compare to a dictionary? How is the index used? What is a supplement? What information does an encyclopedia contain?	Give the name, the volume, the page number, and the title of the article of the encyclopedia where the following information can be found: 1. a picture of the opium poppy 2. material for a theme on marihuana and its effects 3. an explanation of how drugs are handled through local, state, and federal government. 4. a table showing the relationship of drugs to crime 5. a list of the beneficial uses of drugs 6. the discoverer of LSD 7. an explanation of a hallucination 8. how a pusher distributes drugs 9. a map showing where most major sources of drugs are located 10. a picture or drawing of marihuana
E. Periodicals	What is a periodical? What is the Reader's Guide? What magazines are found in your library? Which ones do you prefer? Why?	Write a one page summary of any article on drug abuse from any current periodical. Find a recent article on marihuana. Give the name of the magazine and the title of the article. List 5 magazines in which you might find articles on drugs.

Content	Motivating Questions	Teaching Suggestions
	Which ones do you consider most important? Why?	
F. Literary reference books	What is a literary reference book? What are some literary reference books found in a library?	Find how many quotations on the subject of "drugs" are listed in Bartlett's Familiar Quotations.

TEACHER'S NOTES

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

Concept: A number of teaching suggestions readily lend themselves to various phases of the present English curriculum.

Grade Level: III - English

Content	Motivating Questions	Teaching Suggestions
These teaching suggestions may be integrated wherever and whenever the teacher sees fit.	*Note to teacher: Refer to Introduction	
A: Preparing a short talk or report		Provide the students with topics relating to drugs (Marihuana, LSD, glue sniffing, etc.)
B. Interviewing		Assign students to interview parents, neighbors, or friends, to find out how well informed they are on drugs in general. This could be done as a written or oral assignment.
C. Discussion and debate		Compile a list of titles, subjects, or questions on drugs. Divide the class into groups with a group leader in each. Let each group select one of the topics from the list and allow them approximately one week to do research. Have each group then serve as a panel to discuss the topic. Encourage each and every student to form opinions. Assign debate subjects such as "How Drugs are Helpful/Detrimental to Mankind."
D. Letter writing		Write letters requesting literature on drugs. (See Appendix D of this English Section for Student Resource Materials) Discuss exact nature of information needed, reason for request, etc.
E. Taking notes		Show a film or filmstrip on drugs and have the students take notes. Bring in a speaker from the community to talk to the students on drugs (physician, law enforcement officer, etc.). Have the students take notes.

Content	Motivating Questions	Teaching Suggestions
		Have students write paragraph summaries using notes.
F. Research work		Let the students choose subject relating to drugs.
G. Writing compositions		Use drugs as a topic when presenting a lesson on narrowing the subject for a paragraph or theme. Example: drugs = LSD = effects of = etc.
		Assign short themes on "How Drug Abuse Can Harm One's Future" or "How Students Can Assist with the Problem of Drug Abuse."
H. Newspaper articles		This could lead to forming bulleting board committees and weekly duty assignments for drug-oriented bulletin boards.
		Have students bring newspaper articles on any phase of drugs. Read them and discuss them.
		Long range assignment: Students can start individual scrapbooks. Included will be newspaper clippings (give date and source), pictures, magazine articles, assignments dealing with drugs, etc. Purpose of scrapbook is to make students aware of numerous items which appear in the newspaper. Most students read only the comic and/or sport sections of the newspaper. By making the scrapbook an assignment, the student will get into the habit of looking for different phases of drug use, abuse, and misuse. After a deadline, each class's scrapbooks may be compiled into one large one which may be kept for reference in the classroom.
I. Character sketches		Let students write a character sketch on their idea of a drug user or drug addict.
J. Book reports		Pamphlets that were sent for in letter-writing, rather than books, may be used as resource materials for reports.
K. Reviewing a movie or a filmstrip	Have you seen a movie lately dealing with the problem of drugs?	Any movie or filmstrip on drugs may be used for this purpose. (Available from Media Center)
	What were the tragic consequences brought out?	

Content	Motivating Questions	Teaching Suggestions
L. Essays	What are some forms of drug abuse that can be discussed in an essay?	Drug abuse could well be adapted to this.
M. Telling personal experiences	Do you know a person who has been under the influence of drugs? How did he act? How do you feel about him?	This could be either oral or written. Any personal experience dealing with drugs may be used. Be prepared for some surprises.
N. Understanding prose	Have you read any novels or short stories about any phase of the drug problem?	
O. Understanding Poetry		Find out which poets were drug addicts. In the study of "The Raven," for example, bring out Poe's obsession with death, horror, the supernatural, caused by his addiction to opium. He was able to put his hallucinations into writing because he was a genius who could write before becoming an addict.
P. Reading Skills		
Q. Outlining		"Drugs" may be used as the title. Uses, effects, controls, distribution, kinds, motivations for using or not using drugs–these and many more main topics could be brought in. Use Appendix C of this guide. Copy the main topics on the blackboard and have the students provide sub-topics. Outline articles from magazines, newspapers, etc.
R. Posters		Have different groups of students each work on a poster dealing with drugs. Each group will provide all necessary materials. Give each poster a grade - - A's for the best posters, B's for the second best, and C's for fair ones. A committee from another class may act as judges. Each member gets the grade assigned to the poster.
S. Mechanics of Expression		The area of drugs could very easily be incorporated into all of these by using sample sentences, exercises, etc., relating to drugs.

Content	Motivating Questions	Teaching Suggestions
1. Grammar		
2. Usage		
3. Sentence structure		
4. Vocabulary building		
5. Forming plurals and possessives		Provide words from Appendix A.
6. Spelling, punctuation, and capitalization		Use articles dealing with drugs, leaving out the punctuation and capitalization.

APPENDIX B

SUGGESTED TOPICS

Themes, Essays, or Articles

Legal Control of Drugs
Causes of Drug Addiction Among the Young
The Drug Problem
A Terrifying Adolescent Epidemic - Drug Abuse
Dangerous Effects of ____________________
What I Think Should Be Done to Prevent Drug Abuse in My Community
Facts Teenagers Should Know About ____________________
Symptoms of a ____________ Addict
Proper Use of ____________ in Medical Practice
Abuse of Barbiturates
Treatment for Drug Addicts
What I Know About ________________
The History of ____________________

Biographical Sketches

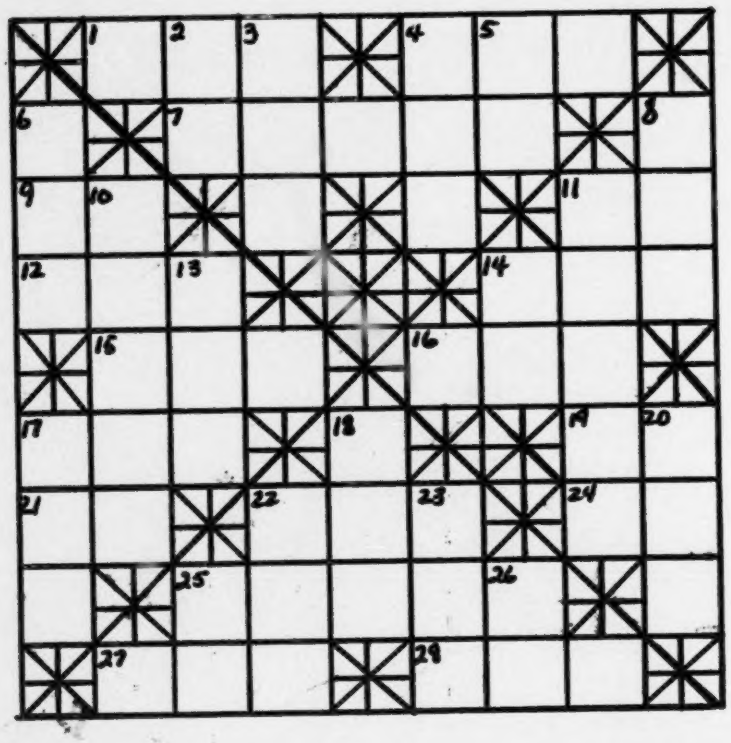
Smugglers of Tragedy
A Destroying Influence - The Drug Pusher
The Torments of a Young Drug Addict
The Pathetic Case of a Drug Addict
Observations of a Bad Trip
The Tragic Story of ________________ (Case History)

Autobiographical Sketch (Fictional)

The Disillusionment of Taking ________________ (Written in the first person)

APPENDIX C

CROSSWORD PUZZLE ON DRUG SLANG TERMS AND GRAMMAR



ACROSS

1. Slang term for marihuana
4. Obese
7. Slang for nembutal (sing.)
9. An overdose of some drug, usually heroin
11. Spanish for tea
12. Popular for STP
14. A long, tapering stick used for striking a ball in billiards or pool
15. Living quarter, especially a room or apartment where drugs may be taken
16. Prefix - through
17. Writing instrument
19. Post Script (abbrev.)
21. Preposition; conjunction
22. Obtain
24. Street (abbrev.)

DOWN

2. Preposition
3. Apply pressure to a vein
4. Federal Bureau of Investigation (abbrev.)
5. Yes
6. A kind of stupor as a result of taking a drug
8. A marihuana "brick" weighing one kilo or about 2.2 lbs.
10. Regular user of narcotics
11. Elixir of terpin hydrate with codeine
13. The police
14. Cerium
17. To inject drugs, such as heroin, not directly into a vein, but rather just under the skin
18. Delaware (abbrev.)
20. A highly potent hallucinogen

25. Persons who deliver or carry a drug for a dealer

27. A strong desire for narcotics

28. One year sentence; bullet; one of anything

22. A hypodermic needle

23. Marihuana (slang)

25. Pronoun

26. Abbreviation for a southern state

ANSWERS

ACROSS

1. pot
4. fat
7. nimby
9. O.D.
11. te
12. dom
14. cue
15. pad
16. per
17. pen
19. P.S.
21. or
22. get
24. St.
25. mules
27. yen
28. ace

DOWN

2. on
3. tie
4. F.B.I.
5. ay
6. mod
8. kee
10. doper
11. turps
13. man
14. ce
17. pop
18. Del.
20. STP
22. gun
23. tea
25. me
26. S.C.

APPENDIX D

RESOURCE MATERIALS FOR STUDENTS

Public Health Service
U. S. Department of Health, Education & Welfare
Washington, D. C. 20201

American Social Health Association
1740 Broadway
New York, New York 10019

American Medical Association
535 North Dearborn Street
Chicago, Illinois 60610

Division of Consumer Education
Food and Drug Administration
U. S. Department of Health, Education, & Welfare
Washington, D. C. 20402

Superintendent of Documents
U. S. Government Printing Office
Washington, D. C. 20402

Signal Press
1730 Chicago Avenue
Evanston, Illinois 60201

Smith, Kline & French Laboratories
Philadelphia, Pa.

Inquiries Branch
Public Health Service
U. S. Department of Health, Education, & Welfare
Washington, D. C. 20201
("Hooked" (Comic Book Format) PHSP - 1610)

Pharmaceutical Manufacturers Association
Washington, D.C.

National Association of Retail Druggists
One East Worker Drive
Chicago, Illinois 60601

* Note to teacher:
Students could practice letter writing and at the same time work on acquiring a library of drug-oriented materials for the classroom.

APPENDIX E

SUGGESTED PROCEDURE FOR COMPILING A BOOKLET ON DRUGS

Some teachers may wish to compile a booklet containing useful information about drugs (legal and illegal), with topics relating to the use, misuse, and abuse of drugs. Reports on addicts, abusers, smugglers, and pushers to bring out the negative aspect of the subject may be included.

1. Write letters to different sources requesting information. (See Appendix D of this unit.)
2. Assign different topics to students in all classes.
3. Have them take notes from the resource materials and prepare their reports.
4. Have some students illustrate a slogan about drugs in artistic form..
5. Encourage students to write poems on any phase of drugs.
6. After all assignments are completed, let the students organize all material into sections or chapters.
7. Ask for volunteers to prepare an introduction in which purpose for preparing the booklet and contents are discussed.
8. Assign some students to prepare a glossary.
9. Prepare an index.
10. Write a table of contents.
11. Include a "Credits" page with the names of the students who helped prepare the booklet.

TEACHER'S NOTES

MATHEMATICS

INTRODUCTION TO LEVEL III MATHEMATICS

Because we as teachers are somewhat aware of the teenager's misunderstanding or misinterpreting of the dangers of drug abuse, it is imperative that we project to them what the effects of abusing drugs can be. Equally important is the realization that these effects can lead to incidents that may ultimately result in delinquency records which can be used against employment in many places and entrance to almost any college.

After careful deliberation, it was decided to concentrate on only one (1) of the original four (4) concepts for this level with respect to the mathematical curriculum. There exists several supportive mathematical concepts which could prove to be most effective in the dangers and hazards of drug abuse. These are sets, measurements, percent, and logic.

Reaching our students in this area of study in not easy, the difficulty due, in part, to the vast amount of misinformation that has come our students' way. Nevertheless, they can be reached if the instruction is sufficiently comprehensive, and if preaching is avoided in favor of a presentation that will encourage them to make a wise choice should they one day face the pressure of "going along with the crowd."

As we proceed in the area of mathematics, let us keep in mind that ours is not a re-habilitation program; it is an educational program primarily designed to prevent the development of an actual drug abuse situation.

GENERAL OUTLINE

MATHEMATICS

CONCEPT: Students need to understand that the dangers and hazards of drugs are an important aspect of one's total development.

I. Numbers and sets are used for structure in math.

   A. Definitions
   B. More numbers and sets
   C. More extensive review of numbers and sets

II. Measurements are essential in our everyday life.

   A. English and Metric
   B. Measurement
   C. Measure of drugs with regard to causes

III. Ratio, proportion, and percent relate sets.

   A. Set language to percent and ratio
      1. Comparison of ratio and rational number
      2. Proportion
      3. Working with proportion
      4. Scaling
      5-7. Percent
      8. Applications of percent
      9. Interest
   B. Review of basic ideas regarding percent.
   C. Basic ideas of ratio, proportion, and percent.

IV. Logic is used in finding the validity of statements.

   A. Different types of statements
      1. Two types of compound statements
      2. The validity of compound statements
   B. Manipulation of compound statements

V. Appendices

   A. Appendix A: Truth Tables
   B. Appendix B: Definitions

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

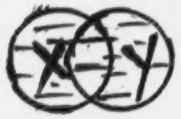
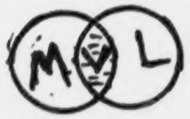
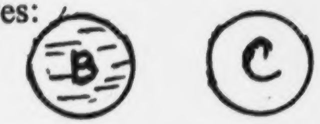
LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

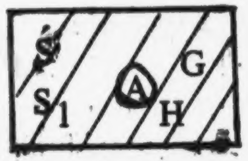
Concept: Understanding the dangers and hazards of drug abuse is an important aspect of one's total development.

Grade Level: III - Math

Sub-concept: Numbers and sets are used for structure in math.

Content	Motivating Questions	Teaching Suggestions
A. Definitions	A. What are some sets of drugs?	A. Review terminology and symbols, such as: Set, Element, one-to-one correspondence, equal sets, equivalent sets, and empty sets.
1. Different Sets	What might be the universal set for all of the set of drugs?	
2. Set symbols	What distinguishes the set of drugs of abuse from the set of aspirins?	Examine some sets and have students indicate which are true and which are false. Refer to p. 13 of Facts About Narcotics and Other Dangerous Drugs. Example (Circle T or F) 1. Barbiturate is a subset of the sedatives. T or F 2. Tranquilizers intersected with opiates will give a null set. T or F 3. LSD is a subset of the Hallucinogens. T or F 4. Marijuana is not a subset of the sedatives. T or F
	(a.) Is the set of aspirins harmful if taken under prescription over a period of time?	
	(b.) Does the set of aspirins make the individual unable to stop taking them on his own free will once he becomes dependent on them?	Stress that drugs are extremely valuable in modern medicine, but that they are harmful when misused.
		Show a drawing of drugs with aspirins and drugs of abuse as subsets of the set of drugs. Indicate structure with set symbols.
3. Venn Diagram	What are some of the subsets of the sets of drugs of abuse?	Have students name drugs of abuse.
		After most of the class has participated in naming some drugs of abuse, show the students the four (4) big subsets of drugs of abuse: (1) Sedatives, (2) Stimulants, (3) Hallucinogens, (4) Misc. dangerous substances.
	Do these subsets of drugs have other subsets? If so, name and discuss some.	Here try to use the slang words of some of the drugs – refer to the appendix of this curriculum guide.
B. More numbers and sets	B. Name some of the terms learned in the study of sets?	Review the 7th grade section A. Emphasize set terminology.
1. Subsets	What are some of the subsets of drugs of abuse?	Show and illustrate on chalk board or overhead projector the ideas of: (a.) Binary operation, (b.) Union of sets, (c.) Intersection of sets, (d.) disjoint set, (e.) Venn diagram, (f.) Infinite set, and (g.) Finite set.

Content	Motivating Questions	Teaching Suggestions
2. Operations	What are some of the manipulations we can do with sets?	Use the above in discussing the set of drugs of abuse. Example: U is the Universal set of drugs: [Sedatives (S), Stimulants (S$_1$) , Hallucinogens (H), Gasoline (G)] $U\ \boxed{S.S_1\ H.G}$ Sedatives: SETA=(Barbiturates (B), Opium (O), Demerol (D), Noludor (N), Marijuana (M), Doriden (D). B,O,D, therefore B is a subset of A ($B \subset A$) D,N,M N is a subset of A ($N \subset A$) Have students place drugs in the appropriate set (use Venn Diagram) to emphasize the union of sets as well as intersection of sets. Example: Set of Drugs causing Physical Dependence: X=Heroin, Y=Methadone, R=Union Set of Drugs Causing Vision Effects: M=Marijuana, L=LSD, V=Vision producing effect.  UNION OF SETS  INTERSECTION OF SETS Name several sets of drugs and have students indicate which are disjoint sets. Example: Set of Drugs which are Sedatives: B=Barbiturates C=Cocaine  DISJOINT SETS Write the union and the intersection of any two sets using proper set symbols.

Content	Motivating Questions	Teaching Suggestions
		Form a Venn Diagram showing the cardinal numbers of the various subsets; answer questions under the drawings. Example: N(A)=(1,4,6)=3 N(B)=(3,7,8,10)=4 Expand the use of the null or empty set (∅) with the use of drugs of abuse. Example: Set A=(Demerol, Methadone) Set B=(Equanil, Librium, Miltour) A∩B is ∅ (null set)
3. Infinite and finite sets	Is the set of drugs of abuse infinite or finite?	Here give several examples of finite and infinite sets. Stress that if we assume that within the set of drugs of abuse one cannot find any new drugs of abuse, then we say that this set is finite. However, if we accept the possibility of finding other drugs within the ones known, then we say that this set is infinite.
C. More extensive review of numbers and sets	C. What are some of the terms and operations learned in the study of sets?	C. Review the 8th grade (section B..) in this section. Emphasize the operation of sets. Make sure that students understand terms before proceeding with set theory involvement.
1. Definitions a. Operations with sets	Referring to set as a collection of objects, what are the set of drugs of abuse?	Stress the set notation [ ]. Remind the students that each object of a set or subset is called a member. Proper use of symbols should be made "a must".
(1) Union	What do we call the aspirins, which is a set within the universal set of drugs?	Draw a Venn diagram and introduce the complement of a set. Practice using it in relation to aspirins and drugs of abuse. Stress the use of Venn diagrams on proper set notation as you discuss this section with the class. Example: U=universal set (S,S_1,H,G,A) A=Aspirins $\overline{A}$=(S,S_1,H,G)  $\overline{A}$=Complement of A
(2) Intersection	Name a set of drugs which causes physical dependence.	
b. Disjoint sets		
c. Venn diagram	Which set of drugs causes physical dependence?	
d. Cardinal numbers	Which set of drugs causes tolerance?	

Content	Motivating Questions	Teaching Suggestions
e. Null set	Which is the set of drugs which causes both physical and emotional dependence?	Highlight the relationship of emotional dependence to sets.
f. Finite set		
g. Infinite set	Name a set of drugs which causes both emotional dependence and tolerance?	Set up a question box and encourage the students to put into this box any questions which they would like to have answered regarding the use of any drug.
	Note to teacher: *Refer to end of math unit for definitions of emotional and physical dependence and tolerance.	Review the set on drugs of abuse and their subset by placing on the black board or on the screen. Example: Set of drugs causing physical dependence (Opium, synthetic morphine, barbiturates) Opium sedatives.
2. Working with sets	Name a set of drugs which causes all three (3): physical dependence, emtional dependence, and tolerance.	Refer to "Facts About Narcotics and Other Dangerous Drugs" by V.H. Vogel, M.D. (available from Resource Library, Media Center) p. 13 and to the Dial A Drug Chart.

TEACHER'S NOTES

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

Concept: Understanding the dangers and hazards of drug abuse is an important aspect of one's total development.

Grade Level: III - Math

Sub-Concept: Measurements are essential in our everyday life.

Content	Motivating Questions	Teaching Suggestions
A. English and Metric Systems B. Measurement 1. Length 2. Weight	Which are the two standard measurements used in the world today?	A. Measurement would not be precise and unvariable until man devised a system of STANDARD-MEASUREMENT, units of measure that would be the same for everyone. And so evolved the English System with which most of us are familiar and commonly used in U.S. and Britain and the Metric System which predominates in other countries of the world as well as in the scientific work of all nations. Show Tables of both Metric and English measurement.
	How are most drugs measured? (Length of a pill, area of a tablet, wt. of pill, etc.)	Refer to Narcotics and Dangerous Drugs Kit for lenghts.
	Is there a certain amount of any drug that will kill you? (In grams or ounces) Explain.	Refer to the Merck Index for weights. Review the various measurements of drugs – discuss and compare.
	How is a unit of measure related to the object being measured?	B. Make a chart on the chalkboard concerning the various measurements of drugs. Emphasize that the measure of any physical object is an approximation, therefore, the smaller the unit used to measure the object, the more precise the measure will be. Stress the dangers of self-medication particularly in the use of barbiturates and amphetamines. Bring out that physical dependence is related to the amount of drug used. Typically, the onset of symptoms occurs about 8-12 hours after the last 36-72 hours, and gradually diminish over the next 5-10 days. However, nervousness, muscle aches, weakness, insomnia and pains may persist for several weeks. In extreme cases, death may result.
C. Measure of drugs with regard to causes	C. What has been covered in the area of pill measurement?	C. Review sections A and B of this unit with class.

Content	Motivating Questions	Teaching Suggestions
	How can we change units of measure?	In this section, show the conversion routines using pills as we practice with length, liquid measure, drug measure, weight, time, metric, area and volume.
	(From a larger unit to a smaller unit and vice-versa.)	Practice addition, subtraction, multiplication, and division using denominate numbers.
		Refer to: (1) Facts about Narcotics and other Dangerous Drugs, (2) Journal to Psychedelic Drugs, Volume II, "Current Marihuana Issues." (Available at Resource Library) Media Center.
	Do the four fundamental operations apply to denominate numbers in drugs? Explain.	You may begin by stating a known fact that 1 oz. of LSD would provide one dose for each 300,000 people. LSD is approved by the Food Administration only for medical research. LSD appears on the illegitimate market as sugar cubes treated with LSD solution–also as powder in capsules or in vails of solutions of 1 cubic centimeter each for individual doses. Stress the danger involved in accepting anything from a stranger as well as unfamiliar objects from friends.
		Bring into this area the aspect of quality control-confidence in the amount of a preparation (drug) when you get it from a pharmacist. Is the same true when you get your drugs from friends? Have a class discussion on this question.

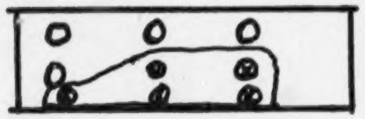
THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

Concept: Understanding that the dangers and hazards of drug abuse is an important aspect of one's total development

Grade Level: III - Math

Sub-concept: Ratio, Proportion and Percent relate sets.

Content	Motivating Questions	Teaching Suggestions
A. Set language to percent and ratio.	A. How do we use the language of ratio?	A. Do a diagram of a set of 9 people who were drug addicts in 1964 and another of a set of 5 people who were heroin addicts in 1964. Discuss the various diagrams using set notation. Refer to Drug Abuse: A Source Book and Guide For Teachers, Table 3, p. 63. Example:  0 Drug Addicts 5/9 or 5:9 55.5% ● Heroin Addicts Venn Diagram Ratio Percent In 1964, five (5) out of every nine (9) drug addicts were heroin addicts.
1. Comparison of ratio and rational numbers	How is ratio related to rational numbers?	
	Can you think of other sets to compare?	
2. Meaning of proportion	Now, that we are familiar with ratio, what do we mean by proportion?	Emphasize the fact that students will be exposed to a new language, that of ratio, in order to talk and think about rational numbers. Encourage wide participation during the discussion the fact that Ratio compares two (2) whole numbers as does a rational number. (5/9) Remember that (1) through the ideas of ratio and proportion the very useful section of percent will be introduced later; (2) the topic of ratio is itself carried as a natural follow-up to the topics of fractional and rational numbers.
3. Working with proportion	How do we use proportion in everyday life?	Have a class discussion emphasizing that a proportion is composed of two (2) equal ratios. Since 5/9 ≠ 6/1 is not a proportion we can say that the ratio 6/1 > 9/5. Show that in 1964, for every nine (9) addicts there are five (5) heroin addicts in Great Britain; then show that in 1959, for every six (6) addicts there was only one (1) heroin addict. Stress the fact that a

Content	Motivating Questions	Teaching Suggestions
	Do drugs of abuse allow you to see objects around you in the same proportion as you see the objects without the drugs? Explain.	1965 report of the committee on drug addiction shows a disturbing rise in the incidence of serious drug involvement in Great Britain (from 5/9 to 5/6) and that precaution should be taken in order to avoid falling into a drug trap. According to the U. S. Public Health Service Hospital, Lexington, Ky., 50 out of 1000 adult addicts studied were considered normal people who were accidentally addicted. Provide word problem experience that involves computing with ratios in working with proportion. Example 1: 50/1000 = 1/20 (These are all equal ratios, therefore this is a proportion. Example 2: In 1964, there was a total of 2005 juveniles arrested for drug violations in California, of which 101 were arrested for narcotics violations. Express this as a ratio; then set up a proportion with an equal ratio.
4. Scaling	How do you scale a drawing?	Stress that LSD is one of the most potent drugs known to man, and that once taken, man's value system often changes. Also, everything around him becomes out of proportion. A one foot step may seem like a 100 foot wall. At the same time, open an avenue to discuss scale drawings using proportion. Do several examples of a drug capsule scaled-up 100 times scaled-down 100 times.
5. Percent		
(1) Definition	What symbol is often used to name the ratio of any number of 100?	Find the % of the total in Example two that were arrested for narcotics.
(2) Working with percent	How do we work with percent?	Start by relating percent notation to ratio -(%) stands for divided by 100. Thus, 75/100 = .75 which can be written as .75 which can be written as 75%. Emphasize that 1% means 1/100, 2% means 2/100, etc.
6. Proportion and percent	How are percent and proportion related?	Find the percent of the following numbers: Example 1: Multiply 2/5 by 20/20 = 40/100; Since 40/100 means 40 per 100; and 100 means cents; therefore 2/5 = 40%
7. Ways of finding percent of a number	Do we always find the percent of a number in the same manner with every problem?	Example 2: 2/5: Divide 2 by 5 = .4; multiply by 100 and add a percent sign; 40%.
8. Application of percent	Where do we find an important application of percent (%)?	Discuss these types of exercises: In a group of 300 boys, a California High School reported that thirty had used Marijuana at least once. (a.) What is the ratio of the number of boys who used marijuana at least once to the total? (b.) How many in each 100 used marijuana at least once? (c.) What percent of boys used marijuana at least once? Using the chalkboard or overhead projector, have students relate: fractions, decimals, and percents.

Content	Motivating Questions	Teaching Suggestions
		Refer to page 12 of Drug Abuse: A Source Book and Guide for Teachers and use table 2 to practice figuring percent of drug arrests in California. Also use table 1 on page 11.
9. Working with interest	After a good practice of I=PR, how does I=PR relate with I=PRT?	Display a chart with 3 columns (Principal, Rate, Interest.) Explain the heading of each column in simple language example: P = Amount borrowed, R=Yearly interest rate, and I = Yearly cost of loan. Pose several exercises in the chart, leaving the Interest column blank. Let students fill in the amounts for several principles and the interest rates. Explain this relationship thru a series of discussed exercises and illustrations designed to help the students understand the formula which is simply a shorthand notation for recording a rule of relationship in compact form.
	Where else can we make use of percent? Examples: During the summer of 1967, the Haight-Ashbury Community of San Francisco was surveyed in regard to use of drugs. Out of 413 persons, 222 were males and 191 females.	Lead to the fact that percent can be used almost everywhere in the world around us. Make up word problems using drug abuse charts. Refer to the Journal of Psychedelic Drugs Volume II (Available; at Resource Library, Media Center)
	a. What percent were males? b. What percent were females? If 94% of the males and 98% of the females used marihuana, how many of each are we talking about?	Point out that this community is a highly "hippie" community and it was surveyed primarily becuase of the large number of drug patients at the Haight-Ashbury Clinic.
B. Review of basic ideas regarding percent	B. How do we organize information by using percent?	B. Review the Basic Ideas outlined in A of this unit in this section.
1. Organizing information 2. Working with charts	By reading a paragraph can you develop a chart from the information therein?	

Content	Motivating Questions	Teaching Suggestions
		Place a chart on the chalk board or overhead projector concerning the Haight-Ashbury survey of 1967 on marijuana users. This may be found in the Journal of Psychedelic Drugs, Volume II. P. 63, Table I "Ages of Marijuana Users." Have the students figure the percent of occasional users, regular users, and habitual users for both male and female. From this finished chart, discuss questions pertaining to the category with highest percent of users, etc. (DO NOT use the percent of error indicated after each percent.)
3. Figuring percent from charts	What is the over-all evidenct that marijuana leads to the use of addicting drugs?	Refer to the Journal of Psychedelic Drugs, P. 51, last paragraph. Again Do Not use the percent or error indicated after each percent. Give the students the total amount and the percent in each category. Have them give you the correct number in each. Stress that there is strong evidence presented by the rehabilitation center at Narco, California, that 95% of 5,000 addicts incarcerated and treated there used marihuana before graduating to heroin. Inform the class that a report on narcotic activity prepared for the 1st. six months of 1967 disclosed that there was 81% increase in juvenile arrests due to the use of dangerous drugs. (1) Let students figure the percent of increase if the juvenile arrests for the 1st six months of 1967 numbered 4,525 compared to 1,606 for the 1st half of 1966. Dangerous-drug arrests increased from 466 to 881. (2) Let students also figure the percent of a five-year study which indicated 1-out of every 8 marijuana offenders first arrested in 1960 had become a heroin addict by 1965.
4. The three types of percent problems.	What percent of high school students is using drugs? What percent of the high school students is using marijuana? How do the percent of marijuana abusers compare with the percent of heroin abusers? What percent of drug abusers are boys? girls? What percent of the drug abusers in the U.S. come from a high socioeconomic background? middle? low?	For this section, refer to "Facts about Narcotics and other Dangers Drugs" (handbook available at Resource Library, Media Center) or some other reference that would have true facts, even if the figures are approximate. As you proceed with this unit, stress the fact that drug abuse may exist regardless of the environment.

Content	Motivating Questions	Teaching Suggestions
	Since the passage of the narcotic control act of 1956, which provided for heavier penalties for the unlawful sale of narcotics, have we had an increase or decrease on addiction of drugs? Why?	Refer to the Laws section of your guide. Find a narcotics law and compare the percent of addiction before and after it was passed. ALso see Fact Sheet- Drug Abuse Control Amendments of 1965, and Health for the College Student. by Delbert. If the chart you select shows a decrease, proceed in discussing the fact that controls do help, but that it is thru education that we can eliminate the abuse of drugs. If the chart you select shows an increase, stress the need for better understanding of drugs thru education.
	What percent of the drug addicts of Dec. 1961, were from Michigan? from Illinois? from California? from New York? other states? After working with percent this long, what do you conclude are the three (3) types of percent problems.	The total number of drug addicts in the U. S. as of Dec. 31, 1961 was 46,852. (According to Delbert in Health For the College Student) Michigan - 1,973 Calif. - 7,592 All others - 8,496 Illinois - 6,924 N. Y. - 21,813 Get the students to give you types of percents as you write them on the chalk board. Example: (a) 20% of 130 = n (b) 20% of n = 26 (C) N% of 130 = 26 Go over the three basic kinds of percent problems with them citing several examples from drug charts used previously. Following some discussion, have your students work an exercise sheet, made up by using drug abuse charts.
C. Basic ideas of ratio, proportion and percent	C. What are some basic ideas of ratio, proportion, and percent?	C. Review the basic ideas outlined in this unit. (a.) Meaning of percent. (b.) Changing percents to decimals. (c.) Changing decimals to percent. (d.) Changing percents to common fractions. (e.) Changing common fractions to percents. (g.) Finding what percent one number is of another. (h.) Finding a number when a percent of it is known.
1. Relation of drugs	How does drug abuse thrive in this section?	
2. The percent of increase	How do you find the amount of increase or decrease?	
	How is "speed" sold on the illegal market?	As you go thru the above outline, use drug abuse charts from the Journal of Psychedelic Drugs to demonstrate and discuss each item. Also assign problems using drug abuse facts.
3. The percent of decrease	How do you find the percent of increase?	

Content	Motivating Questions	Teaching Suggestions
	Before an illness, a boy weighed 110 lbs. On the day he left the hospital, he weighed 90 lbs. What percent of his former weight did he lose?	Present this portion by using an example of a drug abuse situation. Example; A. Jack foolishly paid $12.00 for a spoon of white crystals called "speed." The unknown hustler told him he would increase the price by 40% next time. (1) What will be the increase in cost? (12 x .4 = 4.80) (2) How much will Jack have to pay for his down-fall after the increase goes in effect? (12 + 4.80 = 16.80)
4. Working with percent		Refer to the proceeding section and work Example A. using these three (3) easy steps: (1) Find the amount of increase. (16.80 - 12.00 = 4.80) (2) Find the fractional part of the original amount the increase represents. $(\frac{4.80}{12.00})$ (3) Change the fraction to a percent $(\frac{4}{10} = .4 = 40\%)$
		Get a class to follow you in doing another problem finding the percent of decrease.
	How do we work with percents larger than 100%?	Emphasize the fact that whenever we work with percents larger than 100%, we use the same procedures as those we learned for percents less than 100%.
	If an ounce of "Speed" is sold for $200 (five times the price of gold) on the illegal marke, then resold for $875 by the dope peddler, what is the percent of increase?	Have the students work problems of this type using drug abuse facts stressing that buying drugs of abuse is too high a price to pay, not economicaly, but physically and psychologically.
	During the Haight-Ashbury survey of 1967, 95% of the males and 98% of the females answered "Yes" to the question" "Have you ever used marijuana? How many males and females are we considering when there are 222 males and 191 females questioned?"	Emphasize the fact that this population has high level of acquaintance with various drugs. Also discuss that the survey showed 381 out of 413 persons using marijuana a month prior to the time of survey (Sept. 1967.) Have the class figure this percent.

Content	Motivating Questions	Teaching Suggestions
	If 91% of the total (413) sample had used marijuana in Haight-Ashbury, how many persons are we talking about?	For the benefit of the class, discuss with the students the erroneous concept that "because marijuana and LSD do not cause physical dependence, their use is not dangerous."
	If 87% of the 413 persons used LSD or a similar hallucinogenic drug at least once, how many persons are we talking about?	Have the students make a chart of reports, newspaper clippings, or pamphlets relating crimes, for example, with marijuana. Refer to Bulletin on Narcotics, Vol. XVIII. No. 2 April - June 1966.
	How are drug abuse, juvenile deliquency, and crime related? (Percentage wise)	Invite a law enforcement officer or customs agent to talk to the class. If possible, through official sonrces, invite someone who has been an addict or has abused drugs.
	How are drug abuse, juvenile deliquency, and crime related? (Percentage wise)	
	How can students assist in the problem of drug abuse?	Refer to the Journal of Psychedelic Drugs, Vol. II. P. 63, Table II. Involve the class in discussing the meaning of the entire chart.
	What do you think was the age at which marijuana was first dealt with during the 1967 Haight-Ashbury Survey?	Discuss this part with reference to occasional, regular, and habitual users. Make a transparency of Table II and project it on an overhead projector while discussing findings with class.
	What was the mean age for both male-female?	Motivate students to make a table similar to that on P. 64. of the Journal of Psychedelic Drugs. As you discuss users by groups, have them draw a bar graph of the mean age and percent of marijuana abusers.
	Does this chart indicate that the longer one uses marijuana the greater becomes his use of the drug?	Do an activity figuring percents and drawing lines and circle graphs.
	What was the age range of users during the 1967 Haight-Ashbury Survey? (See Table III. P. 64.)	
	What was the percent of habitual marijuana users?	
	What percent of persons abuse marijuana as well as other drugs? (See Table IV, P. 64.) Journal of Psychedelic Drugs.	
	How does marijuana correlate with LSD? Amphetamines? Heroin?	

TEACHER'S NOTES

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

Concept: Understanding the dangers and hazards of drug abuse is an important aspect of one's total development.

Grade Level: III - Math

Sub - Concept: Logic is used in finding the validity of statements.

Content	Motivating Questions	Teaching Suggestions
A. Different types of statements.		
1. Two types of compound statements a. The conjunction b. The disjunction	What do we call a statement composed of 2 simple sentences joined by a connective? If a compound statement is joined by "and"., what is it called? If a compound statement is joined by "or", what is it called?	Emphasize the meaning of the following words using drug abuse samples: (1) conjunciton, (2) disjunction, and (3) negation. Refer to "Facts about Narcotics and other Drugs" by V. H. Vogel, M.D. Page 12; *and make reference at end of this unit. After you have received the above and have given the students an opportunity to work with these 3 terms, organize 2 teams and see which can get 5 or 10 statements correctly as you dictate each individually.
2. The validity of compound statemetns	If both simple sentences in a compound statement are ture, what must be known before you can determine the truth or falsity of the entire statement? If either one of the simple sentences is true or both are true, what must be known before you can determine the validity of the entire statement? What do we call the negation of the conditional statement?	Help students develop truth tables utlizing statements having a disjunction as well as a conjunction. Review the rules governing the vailidity of statements as well as the terms conditional, converse, inverse, contrapositive and again disjunction and conjunction. Stress the meaning of the above terms. Help students design simple truth tables utilizing the implication, "if-then" statements, the inverse, and the contrapositive.
B. Manipulation of compound statements	What new term results from the transposing and negating of the conditional statement?	

Content	Motivating Questions	Teaching Suggestions
a. Conditional b. Converse c. Inverse d. Contrapositive	What do we call a conditional statement consisting of an antecedent (sentence following "if") and a consequent (sentence following "then")? Are all conditional statements valid? How can an implication be expanded into a truth table? What do we call the transposition of the implication?	Relate the truth of Implication and Contrapositive. Refer to end of unit - "Truth Table" and Geometry text book.

APPENDIX A

TRUTH TABLES

Example 1: A conditonal statement is to be expanded and used in a truth table.

1. If David takes LSD then David will go on a good psychedelic trip.

Possibilities;

(a) David takes LSD and goes on a good psychedelic trip.
(p) (q)

(b) David takes LSD and doesn't go on a good psychedelic trip.

(c) David has never taken LSD but he has a flash back and goes on a good psychedelic trip.

(d) David has never taken LSD but still has flash back to a bad psychedelic trip.

Truth Table:

p	q	$p \rightarrow q$
t	t	t
t	f	f
f	t	t
f	t	t

Example 2: The conjunction may also be expanded and used in a Truth Table.

Possibilities: (a.) Marijuana and Heroin are illegal in the United States.
(p) (q)

(b.) Tobacco and Marijuana are illegal in the United States.

(c.) Heroin and Tobacco are illegal in the United States.

(d.) Alcohol and Tobacco are illegal in the United States.

Truth Table:

P	q	$p \wedge q$
t	t	t
f	t	f
t	f	f
f	f	f

APPENDIX B

Definitons:

1. Emotional Dependence- Desiring effects of a drug.
2. Physical Dependence - Needing of the drug by the body.
3. Tolerance - Having to have more and more of the drug to get the effect he wants.

TEACHER'S NOTES

SOCIAL STUDIES

4

INTRODUCTION TO LEVEL III SOCIAL STUDIES

Teenagers of the space age are exposed to many learning experiences and stimulating situations through varied medias every day. With this in mind, we are striving to expose our teenagers in our Social Studies classes to the dangers inherent in the abuse and misuse of drugs. They should become aware of the many forces in their environment that unfortunately leads many to experiment with different kinds of drugs; they should become aware of the dangers resulting from such experimentation. In order to present a more comprehensive understanding of the problem of drug abuse, a history of man's struggle with different drugs will included in this guide with three goals in mind:

(1) to inform teenagers of the many times that the use of drugs has almost incapacitated nations and civilizations through periods of history;
(2) to illustrate the many laws (both Federal and State) existing against the manufacturing and transporting of illegal drugs and their penalties imposed on the drug pushers, users, and offenders; and
(3) to convey down-to-earth information to our students in the Social Studies classes that drugs are harmful dangerous, and damaging to their young bodies and minds.

When using this guide in the Social Studies classes (Grades 7, 8, and 9), it should be remembered that drug abuse and its misuse should not be taught as a course by itself; but rather, it should be implemented and correlated with the regular course of study at each grade level. Also, the teacher must keep in mind that a guide is merely a blueprint, a format, or an outline, and that it would be impossible to present all the facts, information, and answers.

In order to make this guide more adaptable and flexible (for teacher's and student's use), and in order to prevent ideas, facts, and concepts from becoming monotonous, overloaded, and repetitious, the presentation is made for Social Studies classes at the junior high level as a whole. Department chairman or heads of departments are faced with the responsibility of assigning specific units to be covered per grade level.

GENERAL OUTLINE

SOCIAL STUDIES

Concept: Growth and environment of the teenager are influenced by his environment and are ultimately related to the teenager's character traits.

I. Home and environment is an important part of a teenager's life.

- A. Character traits molded in home
- B. Relationship: the teenager and his parents
- C. Employment status at home
  - 1. High income
  - 2. Teenager's part-time employment
  - 3. Unemployment at home
    - a. Parents
    - b. Teenager

II. School environment must serve as a learning experience to the teenager.

- A. Academic
  - 1. High achievers
  - 2. Average
  - 3. Vocational
- B. Extra-curricular activities
  - 1. Sports
  - 2. Clubs
  - 3. Social

III. The community must provide living experiences for our teenagers.

- A. Non-religious community activities
  - 1. Boys' Club
  - 2. Boys' and Girls' Scouts
  - 3. Campfire Girls
  - 4. Rodeo Club
  - 5. Stamp Collecting Club
  - 6. Teenage Civic Club
  - 7. Community Youth Orchestra
  - 8. 4-H Club
  - 9. Jr. Lulacs
- B. Religious community activities
  - 1. CYO
  - 2. Newman Club
  - 3. Church Youth Choir
  - 4. Young Baptist Fellowship
  - 5. YMCA
  - 6. YWCA
  - 7. Teenage Bible Club
  - 8. CCD
  - 9. Catholic Dauthers of America

Concept: The teenager needs to understand the dangers and hazards of Drug Abuse as they exist, whatever the environment.

IV. Drugs originated early in the history of mankind

- A. History
  - 1. Early Civilizations
    - a. Mesopotania
    - b. Egypt
    - c. Persia
    - d. Greece
    - e. Rome
    - f. China
    - g. Japan
    - h. India
  - 2. Modern Civilization
    - a. The Orient and Far East
    - b. India
    - c. Eastern Europe and Russia
    - d. Western Europe
    - e. Africa
    - f. South America
    - g. North America
      - (1) Indian Era
      - (2) The United States
        - (a) Colonial
        - (b) The Westward Movement
        - (c) Texas and the Southwest
        - (d) The Civil War Years
        - (e) The Reconstruction Period
        - (f) The Industrial Revolution
        - (g) World War I and II years
        - (h) The Present
- B. Laws
  - 1. Federal
    - a. Pure Food and Drug Act - 1906
    - b. Harrisons Narcotic Act 1914
    - c. Amendments to Harrison-Narcotic Act 1914
    - d. Federal Food, Drug, and Cosmetic Act of 1938
    - e. Penalties for drug users and pushers
  - 2. State and Local
    - a. Enforcement
    - b. Awareness
    - c. Texas Dangerous Drug Law of 1959

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

Concept: Growth and development of the teenager are influenced by his environment and are ultimately related to the teenager's character traits.

Grade Level: III - Social Studies

Sub - Concept: The teenager's home, school, and community surroundings represent strong influences in his total development.

Content	Motivating Questions	Teaching Suggestions
I. Home environment is an important part of a teenager's life.	What is good home environment?	Using the chlakboard, the following terminology should be introduced and discussed: a. behavior traits b. sense of belonging and love c. sense of security, success d. maturity - physically, mentally, socially e. environment f. criteria
A. Character traits molded in home	What are the criteria for an ideal home environment which meets the needs of a teenager?	
	Are one's attitudes and practices, with regard to the use of drugs, influenced by the home? Explain.	Divide the class into 3 or more groups, and discuss the different home environments of the students involved. Also discuss their own relationhip with their parents.
	How can home environment help the teenager adjust himself socially to meet his own needs?	
	Do drugs alter the relationships of family members within the home?	
	How can his home environment affect his physical growth?	Topic for classroom discussion: What forces within teenager's environment cause him to use drugs?
	Can a poor home environment be a factor in one's abuse of drugs? Explain.	
	How are his attitudes and character being influenced by his home environment?	

Content	Motivating Questions	Teaching Suggestions
B. Relationship: the teenager and his parents	What kind of relationship does the teenager have with his parents?	Panel discussion: The various needs of the teenagers at home – physical, emotional, and social. Have the class bring in suggestions as the discussion goes on.
	How does he try to comply with parent's home regulations and rules?	Assign 4 or 5 students to look for different typical home environments of the United States and their relationship with different teenage behavior. Have the report to class.
	How can the teenager and his parents gain mutual understanding (opening up communication channels) when problems arise.	Conduct a class survey to find out if home environment really influences teenager's character. When the survey is completed, have a class presentation and discussion.
	Is he exposed to the use of drugs at home legally (doctor's prescriptions), or illegally (abuse of patent medicines) through his parents?	Assign oral reports on "problems of a teenager in dealing with different members of his family."
C. Employment status at home	How does different employment status affect the teenager?	Panel Discussion: Different "ways of life' of people in the United States brought about by different employment status – and problems in each class. Have the student discuss the reasons why drugs are used in each socio-economic class.
1. High income	What are the problems of teenagers from the high income group?	
	Can teenagers from this class be more mature than those from other groups?	Class Discussion: The advantages and disadvantages of teenagers that come from: 1. high income families 2. teenagers with part-time employment 3. low income and unemployed families
	Why would a rich teenager get along better with his peers?	
	Is drug abuse a problem of high income groups? Why or why not?	Have a class discussion on the many educational opportunities available to teenagers in different fields- - both academic and vocational - - that may enable hime to succeed in life.
2. Teenager's part-time employment	What are some of the problems that confront the teenager with a part-time employment?	Have 2 or more students make a survey on the various job opportunities offered by the community to the teenagers. Have them report to class and discuss each employment opportunity as to qualification and salaries.

Content	Motivating Questions	Teaching Suggestions
	Why would the teenager be more mature if he earned his own money?	Tape a discussion with a local business (from the local employment agency) and have the class hear the various part-time jobs available to them in the community
	Why would that independence be good for the teenager?	
	How could that lead to the purchasing of dangerous drugs?	
	Why would a part-time job give the teenager more respect and admiration from his peers?	
	What are the positive and negative aspects of part-time employment in relation to the drug problem?	
3. Unemployment at home a Parents	What are the problems of a teenager that comes from a home where both of his parents are unemployed?	Panel discussion: Low income is the product of lack of education. Have the class discuss the reasons why some low-income people use drugs.
	Why do teenagers from this class tend to associate with the "wrong" crowd?	
	Why do teenagers from a negative home environment seek drugs as a means of escaping the bitter reality?	
b. Teenager	What are the problems of the teenager who needs part-time employment and cannot find it?	Classroom discussion : 1. Problems of teenagers from low income families 2. Teenager with "wrong" crowd 3. Problems created when the teenager cannot find work 4. People qualified to help frustrated teenagers 5. Ways of helping the teenager and his family with an economic advancement 6. Reasons for school drop-outs
	How can a frustrated teenager be helped to find part-time jobs?	
	Are teenagers from low income families more attracted to the abuse of drugs than teenagers from any other income status?	

Content	Motivating Questions	Teaching Suggestions
	Do teenagers from low income families have a tendency to drop out of school at the Jr. High School level? Why?	

Content	Motivating Questions	Teaching Suggestions
II. School environment must serve as a learning experience to the teenager.	What is an ideal school environment for the teenager?	Classroom discussion: Differentiate school environment and community environment in relationship to how its affects the teenager in our area.
	How can the school help meet the needs of the individual teenager?	
A. Academic	How does the school academically help those students with above-average mental abilities?	Have a group of students make a survey of the different facilities in the school that help meet the needs of different types of students. Present the findings of the class and have the class recommend corrections or any additional facilities needed in the school.
1. High achievers	Which are the faulty angles of the curriculum that might cause a certain number of teenagers (high or underachievers) to become frustrated and make his school life unpleasant, thus leading him to drop out or take drugs as a means of escape?	
	How can the above problem be solved by administrators with the help of suggestions made by teenagers?	
2. Average	How can we tell that the subject matter area of the school meets the needs of all the average teenagers?	Have another survey made by 3 or more students on that matter which most students get frustrated with. Have their findings presented to class and have them discussed.
	How can the school provide proper facilities that could enable the teenager to manifest physical growth?	
	How will a teenager's behavior be altered if his school environment is the opposite to his home environment?	
	Would the school's location have anything to do with the student's character being the way it is?	

Content	Motivating Questions	Teaching Suggestions
3. Vocational	What facilities does the school provide for under-achieving teenagers? How do vocational and trade shops help teenagers with lower I.Q. gain a sense of success?	Tape a discussion with an expert in the field of education on ways to help the over and under-achievers in the school activities. Have a class discussion on points brought out in the tape. Panel Discussion: Could vocational training be the answer to eliminate problems of under-achievers and make them productive citizens of tomorrow?
B. Extra -curricular activities		
1. Sports	What are the extra-curricular activities offered by the school? How can these activities help meet the needs of a teenager? How do these activities help the under-achiever, the average, and the over-achiever? Why do the majority of the teenagers express school spirit at pep rallies? How can teenagers be helped to bring out their hidden abilities through sports and other school activities?	Have the class list the many extra-curricular activities on the school and classify each activity as to the student group it helps. Also make a list of activities not operated by the school which could help certain teenagers with special abilities. Classroom discussion: Does the school provide adequate facilities to meet the needs to all the student body? Have a group of students go to a nearby college or university and tape an interview with a physical education instructor on problems that students encounter in different sport events and other activities during the year. Have a discussion after the class listens to tape.
2. Clubs	What makes teenagers stay after school and attend school club meetings?	
3. Social	Why are extra-curricular activities a learning experience to many teenagers? How can the school help the so called "loners" find an activity that would be a satisfying experience? Why does the teenager turn to drugs if he doesn't find any of the extra-curricular activities satisfying? How can extra-curricular activities serve as deterrents to drug abuse?	

Content	Motivating Questions	Teaching Suggestions
III. The community must provide living experiences for our teenagers.	How can the social needs of teenagers be met by the community?	Have 2 - 3 students look in the library for community sponsored activities that are found in other cities in the United States. Have them report to class and compare with local facilities.
	Which are some of the activities provided by the community for their teenagers?	
	What would the teenager do to kill leisure time if the community activities did not attract the teenager's interest?	
A. Non-religious community activities	Which are the non-religious activities that can be undertaken by the teenagers?	Have the class make a survey of the local community - sponsored activities. Rate each activity as to how it helps the teenager. Also find the requirements for membership. When the survey is completed, have a discussion.
1. Boys' Club	Which facilities are conducted after school hours? on weekends? during the summer months?	
2. Boys' and Girls' Scouts		Panel Discussion: A busy teenager in worthwhile activities keeps himself out of trouble.
3. Campfire Girls	How are these facilities supervised to meet the needs of the teenager?	
4. Rodeo Club	How are these facilities operated? Are they open to all teenagers regardless of color, creed, or origin, without any discrimination as to their economic status?	
5. Stamp Collecting Club		
6. Teenage Civic Choir	Can participation in community activities assist in meeting teenagers' needs without the use of drugs?	
7. Community Youth Orchestra		
8. 4–H CLub		
9. Jr. Lulacs		

Content	Motivating Questions	Teaching Suggestions
B. Religious community activities 1. CYO 2. Newman Club 3. Church Youth Choir 4. Young Baptist Fellowship 5. YMCA 6. YWCA 7. Teenage Bible Club 8. CCD 9. Catholic Daughters of America	What are some of the religious-sponsored activities in the community that are appropriate for teenagers? How are they supervised and planned? How are these activities operated to meet the demands of the teenagers - after school hours, on weekends, and during the summer? How can these church-sponsored activities be challenging enough to keep the interest of the teenagers? How can there be opportunities for everyone to be involved in these activities so that no one is left without any responsibilities? What activities are provided for the under-achievers, the average, and the over-achievers? How does the teenager get religious instructions? How does the teenager learn about moral and good principles of life and about the dangers of drug abuse?	Have the class make a list of various church-sponsored activities from different religious denominations of the community. When survey is completed have each activity from different denominations discussed. Panel discussion: Church-sponsored activity can promote the feeling of belonging by working with the group. Have the class make 3 tape recordings - from three church leaders of community (a catholic, a protestant, and a Jew). Have them discuss the various activities their respective churches offer to teenagers. After class listens to tapes, have a discussion.

TEACHER'S NOTES

LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

Concept: The teenager needs to understand the dangers and hazards of drug abuse as they exist, whatever the environment.

Grade Level: III - Social Studies

Sub-Concept: An understanding of the origin and history of man's use and control of drugs is fundamental toward the development of a proper prospective of the drug scene.

Content	Motivating Questions	Teaching Suggestions
IV. Drugs originated early in the history of mankind.	How much do teenagers really know about drugs and their origin?	Divide the class into as many groups as necessary (per countries) each group find information on the following topics: (Each group select a leader)
A. History	What are the earliest experiences on record concerning drugs?	1. The usage of drugs by the people of the early civilizations: a. Mesopotanians b. Egyptians c. Persians
1. Early civilizations	How were drugs used by people in ancient civilization?	
a. Mesopotania	Why were they used?	2. The usage of drugs and their abuse by the a. Greeks b. Romans c. Chinese d. Japan e. Indians (India)
b. Egypt	Why were these drugs misused and abused by the Egyptians and Persians?	
c. Persia		
d. Greece	What drugs were used, and abused by the Romans and the Greeks?	
e. Rome	How were they used?	Have the group leader of each country report to the class on his findings.
f. China	What were the earliest drugs used and abused in ancient Japan, China and India? How were they used?	
g. Japan		
h. India		
2. Modern civilizations		
a. The orient and far east	Why did China and the people of many oriental nations raise so much opium?	Divide the class into research groups; have them find the library resource materials on the following topics: 1. Drugs used and misused during the 19th and early 20th century. in:

Content	Motivating Questions	Teaching Suggestions
	What was the opium war between England and China?	a. The Orient and Far East
	How did the opium war affect Europe and China?	
b. India	What were India's problems with her farmers growing opium and marihuana for the world market?	b. India
c. Eastern Europe and Russia	What are some of the uses of drugs in Eastern Europe and Russia?	c. Eastern Europe and Russia
d. Western Europe	What are some of the uses of drugs in Eastern Europe and Russia?	d. Western Europe (by individual countries)
e. Africa	How much cultivation and misuse of drugs was there by the natives of Africa before it was colonized by the European nations? What drug problems exist today in Africa?	e. Africa
f. South America	What drugs were used by the natives of South America?	f. South America
	What is South America doing today to prevent the misuse and abuse of drugs?	
g. North America (1) Indian Era	What drugs and other hallucinatory agents were used by the North American Indians, and for what purpose?	g. North America (1) Indian Period (2) Canada (3) Mexico (4) The United States (a) Colonial (c) Westward movement
(2) The United States		
(a) Colonial	What drugs were used in America during the Colonial period? Who and how was it first introduced in America?	

Content	Motivating Questions	Teaching Suggestions
(b) Westward movement	What role did drugs play during the westward movement in American history?	
(c) Texas and the Southwest	Which Indians in Texas and in the Southwest used drugs?	(c) Texas and the Southwest
	Which drugs were used during the "Gold Rush" years?	
	Which pain killers were used during the Mexican War days?	
(d) Civil War Years	What drugs were used for medical purposes during the Civil War days?	(d) Civil War Years
	Why were they abused after the civil war was over?	
(e) Reconstruction Period	Who were the drug pushers during the period of Reconstruction in the South?	(e) Reconstruction Period
(f) Industrial Revolution	What effect did Opium have on the people of the United States during the period of the Industrial Revolution while it was cultivated in China and India?	(f) Industrial Revolution
(g) WWI, WWII years	How did the abuse of drugs affect teenagers and American Soldiers during and after World War I? During and after World War II?	(g) World War I and World War II Years
	How were drugs smuggled into the United States after World War I?	

Content	Motivating Questions	Teaching Suggestions
(h) Present	Why is the abuse of drugs on the rise today? What are the reasons that are influencing teenagers to turn to drugs?	(h) Present
	What elements of our present day society contribute to teenager's use of drugs?	Have each group report findings to the class and discuss major events and findings of the research.
B. Laws		
1. Federal	What was the first federal law passed in the United States to check the abuse of drugs?	Belletin Board: Have the students illustrate the different federal laws, their provisions and preventions.
a. Pure Food and Drug Act - 1906	What were the major aims of the Pure Food and Drug Act - 1906?	Have the students study each law that Congress has passed through the years and discuss their aims.
(1) Opiate patent medicines taken away from market	Why wasn't the Pure Food and Drug Act strong enough?	Classroom discussion:
	What important amendment was passed by Congress in 1909?	Are the Federal laws really curbing the abuse of drugs or are they multiplying their abuse?
(2) Accurate labeling of all drugs		
(3) Banned importation of opium except for medicinal purposes		
b. Harrison Narcotic Act 1914	What important Federal law was passed by Congress in 1914?	
(1) Opiate sale by licensed dealers for medicinal uses	What were the major goals of the Harrison Act of 1914?	

Content	Motivating Questions	Teaching Suggestions
(2) Required accurate records of sales		
(3) Physicians use only for medicinal purposes		
(4) Bureau of Narcotics – created in 1930	What was created by Congress in order to help the thousands of drug addicts across the country?	
(5) Mental Hygiene Division (U.S. Public Health Service)		Classroom discussion: Does it become the duty of the United States Government to help the drug addict to become a useful citizen at tax payer's expense?
(6) National Institute of Mental Health Research Centers (a) Lexington, Ky. (b) Ft. Worth, Texas	What hospital was first opened in 1835 to help the drug addicts? The second? How can a teenager be treated to help fight the drug habit? Is hospitalization the only solution to cure him?	
c. Amendments to Harrison-Narcotic Act–1914		
(1) The Drug Abuse Control Amendment of 1965	Which amendments were added to the Harrison Narcotic Act of 1914?	Assign a student to look up in the library the complete text of: (1) The Drug Abuse Control Amendment of 1965 (2) The N.A.R.A. of 1966

Content	Motivating Questions	Teaching Suggestions
(2) Narcotic Addict Rehabilitation Act of 1966 (N.A.R.A.)		Have him report his findings to the class.
d. Federal Food, Drug and Cosmetic Act of 1938: (1) Defines drug (2) Sets standards for manufacturing and distribution of drugs (3) Controls Adulterated, misbranded or counterfeit drugs (4) Prevents sale of new drugs in Interstate Commerce without an application (5) Requires registration	What does the Federal Food, Drugs, and Cosmetic Act of 1938 do for control?	Divide the class into as many groups as necessary. Have each group make research on the following topics under Federal Food, Drug, and Cosmetic Act of 1938: a. Drug definition b. Standards for manufacturing of drugs c. Misbranded and counterfeit drugs d. Drugs and Interstate Commerce e. Registration of manufacturers and wholesalers f. Differences between prescription drugs and over-the-counter drugs
(6) Defines what a prescription drug is and explains how it must be handled differently from over-the-counter	What laws define prescription drug and define over-the-counter drugs?	
e Penalties for drug users and pushers		
(1) First violation $1,000 fine and/or one year imprisonment.	What can happen to the teenager on his first drug violation?	Bulletin Board: Have students illustrate the various penalties and fines for different drug violations.

Content	Motivating Questions	Teaching Suggestions
(2) Peddlers and pushers of 18 years of age who sell or give the drugs to anyone under 21 years of age: First offense - imprisonment for not more than 2 years and/or fine of not more than $5,000.	What are the penalties and fines for the drug pusher and peddlers on his first offense?	To complete bulletin board information, have students do research on fines and penalties for different drug violations from the library.
(3) Subsequent violators: Maximum penalties - 6 years imprisonment and/or $15,000 fine.	What are the penalties and fines to the pushers and peddlers who are subsequent violators?	Have a group of two or three students go to the local district attorney's office. Tape the interview's conversation on the local drug violations and other illegal abuses of drugs of the area. After the interview have the class listen to district attorney's comments on the above subject. Have a classroom discussion on topic heard, learned and being discussed on the topic.
(4) Illegal sale of narcotics: (a) First offense-$20,000 fine and a 5-20 years imprisonment.	What happens to the person who is caught selling narcotics illegally for the first time?	
(b) Subsequent offense-$20,000 fine, and 10-40 years prison term.	What are the penalties and fines for a person who sells narcotics illegally as a subsequent offender?	
(5) Sale of heroin to a person under 18.	What happens to the pusher who gets caught selling heroin to a teenager under 18 years of age?	
Parole and probation denied even for a first offense.		

Content	Motivating Questions	Teaching Suggestions
Penalty can be a life term or even DEATH if decided by a jury.		
(6) Illegal possession of narcotics: Punishable by fines and/or imprisonment for 2-10 years and 5-20 years for the second offense and 10-20 years for subsequent offenses maximum fine $20,000. Parole and probation are denied after first offense.	What happens to a person who is caught with illegal possession of narcotics?	
(7) Vehicle seizure law of 1939: Any vehicle used to transport or aid possession and sale of drugs may be confiscated.	What happens to the vehicle that was used to transport illegal narcotics and drugs?	
2. State and local	Why are local and state laws also necessary to control drug abuse?	Assign a student to check if there is a city ordinance on the abuse of drugs. Have him report to class.
a. Help enforce Federal laws		
b. Keep local and state law enforcement officers aware of laws on drugs		

Content	Motivating Questions	Teaching Suggestions
c. Texas Dangerous Drug Law of 1959	Which is one of the many drug laws passed by the Texas Legislature? What are the laws concerning drugs in Texas? How do they affect you?	Have students list the various state laws passed by the state legislature curbing the use and misuse of drugs. Have the report read to the class and have a discussion on the different laws.

TEACHER'S NOTES

LIFE SCIENCE

INTRODUCTION TO LEVEL III LIFE SCIENCE

An essential part of basic education for all students is understanding the nature of drug use and abuse. To provide this understanding, a drug curriculum guide in the area of science has been prepared for you. The basic objective of this curriculum is to develop within the mind of the student a concept of the danger in drugs that affect our body.

Incorporated into the teaching units are appropriate sections of content, motivating questions, and teaching suggestions. The content of this curriculum is found in an outline form that can be followed by the teacher in accordance with the science text units that are in present use. The motivating questions pertain to the drug curriculum content and not to your science text content; these questions are not answered; therefore, additional materials need to be supplemented such as pamphlets, books, films, drug kits. It is unlikely that all these questions be answered in class, but it is adviceable that the teacher cover as many questions as she or he thinks are suitable for the class. The teaching suggestions are divided into panel discussions, buzz sessions, explanations by the teacher, definitions, charts, etc.

An attempt has been made to present a balanced course of study that can be used effectively in the different phases of science. It has been written for the junior high level (7th grade) and the teacher can foresee where, in the regular course of study, this drug curriculum can be integrated.

Two fundamental considerations in determining the most effective use of this curriculum are the interest of the student and the resourcefulness of the teacher.

GENERAL OUTLINE

LIFE SCIENCE

Concept: Teenagers need to understand the nature and general effects of drugs upon the human body.

I. Drugs tend to excite and depress our central nervous system.

- A. Stimulants
  1. Cocaine
  2. Caffeine
  3. Amphetamines

- B. Depressants
  1. Barbiturates
  2. Tranquilizers
  3. Opiates

- C. Hallucinogens
  1. LSD
  2. Marihuana
  3. Hashish
  4. Peyote
  5. Indole Alkaloids
  6. STP
  7. 68 - Sex Juice
  8. Muscarin

- D. Volatile Chemicals
  1. Glue
  2. Gasoline
  3. Ether
  4. Aerosols

Concept 2: The teenager must be aware of the different ways in which drugs are introduced into the body and the dangers of improper use.

II. There are various ways in which drugs are taken into our body.

- A. Oral intake
  1. Sugar cubes
  2. Candy
  3. Seeds
  4. Tablets or capsules
  5. Liquid

- B. Inhalants
  1. Glue
  2. Gasoline
  3. Cocaine
  4. Nail polish remover
  5. Paint thinner

- C. Injecting intraveneously
  1. Heroin
  2. Morphine
  3. Codeine
  4. Amphetamines
  5. Barbiturates

D. Smoking
  1. Marihuana
  2. Hashish

Concept 3: The teenager must be made aware of his ecological environment.

III. A study of plants is needed in order that everyone recognize certain garden plants as being dangerous.

A. Roots
  1. Water hemlock
  2. Mayapple

B. Stem
  1. Potato
  2. Cherry tree
  3. Tomato

C. Seeds
  1. Castor beans
  2. Apricot
  3. Acorn of the oak

D. Leaves
  1. Peach
  2. Oleander
  3. Caladium

E. Berries
  1. Mistletoe
  2. Daphine

F. Flower
  1. Larkspur
  2. Poinsettia

G. Total
  1. Mushroom (toadstools)
  2. Poison Ivy
  3. Lily of the valley

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

Concept: The teenager needs to understand the dangers and hazards of drug abuse as well as the effects of drugs on the body.

Grade Level: III - Life Science

Sub-Concept: Drugs, such as stimulants, depressants, hallucinogens, and toxic vapors, can affect the nervous system.

Content	Motivating Questions	Teaching Suggestions
I. Drugs tend to excite and depress our central nervous system.		Discuss - (1) The parts of the central nervous system. (a) Spinal Cord (b) Brain
A. Stimulants	What are stimulants?	(2) Diagram (a) The functional components of the central nervous system. (b) Stress the effects of the stimulants on the central nervous system.
	Which are the drugs that stimulate and excite the central nervous system?	
	What will happen if a person takes too many stimulants?	
1. Cocaine	What are the effects of cocaine on the body?	Assign students to do research on one of the stimulants and relate its effect on normal activities such as: 1. driving 2. studying 3. athletics 4. creative activities
	What are the synthetic substitutes for cocaine?	
	How was cocaine first used in 1800's?	Have a buzz session on the information gathered.
2. Caffeine	Where will you find caffeine?	Emphasize that the greatest danger to the largest number of people is the effect stimulants have on drivers.
3. Amphetamines	Do amphetamines bring about psychological dependence and physical dependence?	
	What are some approved medical uses of amphetamines?	Some reasons why people use amphetamines: 1. To get "high" 2. To keep awake 3. Crash weight reduction. 4. Fight fatigue 5. Relief from emotional depression

<table>
<tr><th>Content</th><th>Motivating Questions</th><th>Teaching Suggestions</th></tr>
<tr><td></td><td>What physical symptoms do amphetamines produce?</td><td></td></tr>
<tr><td></td><td>Why do athletes, drivers, and students take amphetamines?</td><td>Discuss:
1. Why is there an increase in the use of these drugs?</td></tr>
<tr><td></td><td>What are some hazards and side effects of amphetamines?</td><td>Make a chart:<table><tr><th>Stimulant</th><th>Source</th><th>Medical use</th><th>Effect on the body</th></tr><tr><td>1.</td><td></td><td></td><td></td></tr><tr><td>2.</td><td></td><td></td><td></td></tr><tr><td>3.</td><td></td><td></td><td></td></tr><tr><td>4.</td><td></td><td></td><td></td></tr></table></td></tr>
<tr><td>a. Benzedrine</td><td>What are the medical uses of benzedrine?</td><td></td></tr>
<tr><td>b. Dexedrine</td><td>What are the medical uses of dexedrine?</td><td></td></tr>
<tr><td></td><td>What are the withdrawal effects of stimulants?</td><td></td></tr>
<tr><td>4. Methamphetamines</td><td>What is the medical use of methamphetamine?</td><td></td></tr>
<tr><td></td><td>What are the symptoms of people who abuse methamphetamines?</td><td></td></tr>
<tr><td></td><td>What are depressants?</td><td>Have the students discuss the different depressants found in the medicine cabinets.</td></tr>
<tr><td>B. Depressants</td><td></td><td>Assign some students to make reports on the beneficial uses of depressants and assign other students to report on the harmful effects of these drugs.</td></tr>
<tr><td></td><td>Why are these drugs called depressants?</td><td></td></tr>
<tr><td></td><td>How do these drugs affect the nervous system?</td><td>Have panel discussions:
a) Depressants
b) Use and misuse of depressants</td></tr>
<tr><td>1. Barbiturates</td><td>What are the physical symptons caused by barbiturates?</td><td></td></tr>
<tr><td>a. Nembutal (pentobarbital-sodium)</td><td>What are other medical names for barbiturates?</td><td></td></tr>
</table>

<table>
<tr><th>Content</th><th>Motivating Questions</th><th>Teaching Suggestions</th></tr>
<tr><td></td><td>What are the medical uses of barbiturates?</td><td>Prepare a wall chart for the class listing the depressants. Have each pupil take one depressants and find out what the effects of using it are on the human body.</td></tr>
<tr><td>b. Seconal (Secobarbital sodium)</td><td>What are the dangers of abusing barbiturates?</td><td rowspan="4"><table>
<tr><th>Depressant</th><th>Source</th><th>Medical use</th><th>Effect on the body</th></tr>
<tr><td>1.</td><td></td><td></td><td></td></tr>
<tr><td>2.</td><td></td><td></td><td></td></tr>
<tr><td>3.</td><td></td><td></td><td></td></tr>
<tr><td>4.</td><td></td><td></td><td></td></tr>
</table></td></tr>
<tr><td>c. Luminal (phenobarbital)</td><td>What are the withdrawal symptoms of barbiturates?</td></tr>
<tr><td>d. Amytal (amobarbital sodium)</td><td>Do all barbiturates require prescription?
Why do people take barbiturates?</td></tr>
<tr><td>e. Tuinal</td><td>In what forms are barbiturates found?</td></tr>
<tr><td></td><td></td><td>Match the following:<table>
<tr><td>1. nicotine</td><td>A. a depressant in whiskey</td></tr>
<tr><td>2. caffeine</td><td>B. stimulant in coffee</td></tr>
<tr><td>3. heroin</td><td>C. hallucinations</td></tr>
<tr><td>4. morphine</td><td>D. stimulant</td></tr>
<tr><td>5. codeine</td><td>E. found in tobacco</td></tr>
<tr><td>6. alcohol</td><td>F. barbiturate</td></tr>
<tr><td>7, marihuana</td><td>G. cough syrup</td></tr>
<tr><td>8. amphetamine</td><td>H. Cannabis sativa</td></tr>
<tr><td>9. nembutal</td><td>I. produced for opium</td></tr>
<tr><td>10. LSD</td><td>J; Semi-synthetic of morphine</td></tr>
</table></td></tr>
<tr><td>2. Tranquilizers (chlordiazepoxide)</td><td>What are tranquilizers?
When would a person use tranquilizers?
For what medical reasons?</td><td></td></tr>
<tr><td>a. Librium
b. Valium</td><td>What is the physical danger of taking tranquilizers everytime the person becomes nervous?</td><td></td></tr>
<tr><td>c. Miltown</td><td>What are major tranquilizers?</td><td></td></tr>
<tr><td>d. Equanil (meprob mate)</td><td>What are minor tranquilizers?</td><td></td></tr>
</table>

Content	Motivating Questions	Teaching Suggestions
		Discuss that drugs not only have a depressant effect on the body but also on certain physical conditions such as: 1. Headaches 2. Tension 3. Anemia Have a buzz session on: 1. Why are tranquilizers legally controlled? 2. What are the dangers of opiates?
3. Opiates	Which are the opiate drugs? What is the difference between a narcotic and a drug? Name some narcotic substances. Name some synthetic narcotics.	
a. Morphine - legal (controlled) morhpine sulfate	What is morphine? What are the physiological effects of morphine and heroin? What are some medical substitutes for morphine? What is the medical value of morphine?	Film: "Drugs and the Nervous System" Churchill Film 662 N. Roberston Blvd. Los Angeles, Calif. 90069
b. Codeine (Methylmorphine)	What is the medical use for codeine? What is the chemical name for codeine?	Discuss – 1. How heroin addicts can be cured, 2. The legal amount of codeine in cough syrup, 3. What the responsibility of a pharmacist selling cough medicine is, and 4. How children take cough medicine containing codeine.
c. Heroin - illegal (Diacetylmorphine)	What is heroin? What is the chemical name for heroin? Is heroin stronger than morphine? From where is heroin extracted?	

Content	Motivating Questions	Teaching Suggestions
	What is the danger of using heroin?	
C. Hallucinogens	What are hallucinogens? hallucinations?	
	What are the psychological effects of a hallucinogen?	
1. LSD (Lysergic Acid Diethylamide)	Where did LSD originate? (country)	Explain the human genetic dangers of LSD upon the human chromosones during the class discussion on the unit of the human reproductive system.
	What is the chemical name for LSD?	
	Does LSD produce a mental or a physical addiction?	
	If a person stops taking LSD, will he have an after effect?	Research and preparation: Pros and Cons of LSD "fractured chromosomes."
	How long do the effects of LSD last?	
	Does LSD stunt your growth?	Define:
	Will LSD affect the human chromosomes?	1. Recessive genes 2. Dominant genes 3. Mendel's Law 4. Chromosomes 5. Mitosis 6. Meiosis
	Do LSD and marihuana produce the same effects on the mind?	
	How powerful is LSD?	
2. Marihuana (Cannabis sativa)	What is marihuana?	Have a panel discussion of the following topics.
	Does marihuana affect the mind after several years of using it? If so, how?	1. Why has marihuana become a very popular drug among young people? 2. Does the use of marihuana induce criminal behavior? 3. Is marihuana addictive? 4. Is marihuana a problem elsewhere in the world? 5. Why has marihuana widely spread in this country? 6. What problems would be created if marihuana were to be legalized?
	What are the immediate general effects of smoking marihuana?	
	What are the psychological effects of marihuana?	

<table>
<tr><th>Content</th><th>Motivating Questions</th><th>Teaching Suggestions</th></tr>
<tr><td></td><td>Does marihuana actually start a person to use other drugs?</td><td></td></tr>
<tr><td></td><td>Do the American Marihuana and the Mexican Marihuana contain the same textrahydro-cannabinol?</td><td></td></tr>
<tr><td>3. Hashish</td><td>What is hashish?</td><td></td></tr>
<tr><td></td><td>Is Hashish stronger than marihuana?</td><td></td></tr>
<tr><td>4. Peyote-Mescaline</td><td>Who are the people that can use peyote legally?</td><td>Have the students do research on the different religious rituals where certain hallucinogens are used.</td></tr>
<tr><td></td><td>In what part of the country is peyote found?</td><td></td></tr>
<tr><td></td><td>From what plant is mescaline derived?</td><td>Have a discussion on facts and fanstasy pertaining to these drugs.</td></tr>
<tr><td>5. Indole Alkaloids</td><td></td><td></td></tr>
<tr><td>a. Psilocybin Psilocin (Mexican mushroom)</td><td>From what plant are psilocybin and psilocin derived?</td><td>Class Project
<table>
<tr><th>Drug or Narcotic</th><th>Organ Affected</th><th>How Affected</th></tr>
<tr><td>1.</td><td></td><td></td></tr>
<tr><td>2.</td><td></td><td></td></tr>
<tr><td>3.</td><td></td><td></td></tr>
<tr><td>4.</td><td></td><td></td></tr>
</table></td></tr>
<tr><td>b. Bufotenine - Cahoba</td><td></td><td></td></tr>
<tr><td>c. Morning glory seeds</td><td>When did the morning glory seed become known as a drug?</td><td></td></tr>
<tr><td></td><td>Are morning glory seeds purchased legally? What are the effects on the body? Mind?</td><td></td></tr>
<tr><td>d DMT (dimethyl-tryptamine)</td><td>What are the physiological effects of DMT?</td><td>Discuss –
The terminology of drugs and narcotics.</td></tr>
<tr><td>6. STP</td><td>What do STP and DMT stand for?</td><td></td></tr>
</table>

Content	Motivating Questions	Teaching Suggestions
7. 68 - Sex Juice	What is 68-Sex Juice? Are claims valid? From where is 68-Sex Juice extracted?	
8. Muscarin - Fly agaric	From where is muscarin derived?	
D. Volatile Chemicals		
1. Glue	What kind of glue is chiefly abused by adolescents? What are some physiological damage of glue sniffing? What is the main constituent found in cement glue? What are some reasons adolescents sniff glue? Is education the chief control of glue sniffing?	Have the students learn all the parts of the respiratory system and their functions. 1. Lungs 2. Nose 3. Trachea 4. Larynx 5. Diaphragm Assign to students a report on these volatile hydrocarbons - emphasis the physiological damage caused by these vapors. Discuss -
2. Gasoline	Does gasoline sniffing have the same physical effect as glue sniffing? Are there any psychological effects?	1. What are the dangers of glue sniffing? 2. What are the dangers of gasoline sniffing? 3. The chemcial nature of the different drugs – organic and inorganic.
3. Ether	What is the use of ether? Is ether a prescribed or an over-the-counter drug?	
4. Aerosols	What kind of aerosols would you find at home? What precautions should be taken when using aerosols?	List inhalants and their different effects on our respiratory system. Define: 1. Oxidation 2. Respiratory System 3. Air sacs 4. Bronchial tubes 5. Inhale

TEACHER'S NOTES

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

Concept 2. The teenager must be aware of the different ways in which drugs are introduced into the body and the dangers of their improper use. Grade Level: III – Life Science

Sub-concept: The student needs to know that drugs have different effects on different individuals.

Content	Motivating Questions	Teaching Suggestions
I. There are various ways in which drugs are taken into our body.		Film - LSD: Insight or Insanity. No. 922, Media Center
A. Oral intake		Discuss:
1. Sugar cubes (LSD)	Why is LSD mixed with sugar cubes? Can it be mixed with any other substance such as alcohol, candy, etc.?	(1) The slang language of all these drugs and how each generation has had its own slang. Discuss the slang words we use locally for some of these drugs.
2. Candy a. Hashish b. Marihuana c. LSD 3. Seeds Morning glory 4. Tablets (pills) or capsules		(2) The digestive system and the function of each: (a) Mouth (b) Esophagus (c) Stomach (d) Intestines Explain the following statements concerning the sale of these pills: 1. These pills are needed for medicinal purposes.
a. Amphetamines	Where do people get amphetamines?	2. Drug companies have every legal right in manufacturing them.
b. Barbiturates	Why are amphetamines called "pep pills"? Why is it dangerous to mix barbiturates and alcohol?	3. Pills are sold to legitimate users such as doctors, hospitals, laboratories, etc.
c. Methamphetamines	What is the chemical name for methamphetamine?	
5. Liquid		
a. Caffeine (Coffee, tea, cola)	Is caffeine addicting?	Explain to the students that drugs exist in the three states of matter: (1) Solid - pills (2) Liquid - Codeine (3) Gas - inhalants

Content	Motivating Questions	Teaching Suggestions
b. Codeine (Cough syrup)	Why have people become addicted to codeine?	Have students list the drugs that are found as mixtures.
c. Morning glory seeds (tea)		
d. Mescaline (tea, coffee, or milk)		
e. Nutmeg (milk)	What is nutmeg? What are the uses of nutmeg? How is nutmeg used?	
B. Inhalants		
1. Glue	Off all the volatile substances used for sniffing, which is the best known and the most wide spread?	Define: 1. volatile 2. hydrocarbon 3. vapors 4. sniff 5. toulene
2. Gasoline	What is the main constituent in gasoline?	Have a buzz session on the following topics: 1. Sniffing usually occurs during the summer months. 2. There are no "pushers" for volatiles. 3. How can this sniffing problem be overcome? 4. What would you do if you knew of some students who used gasoline, glue, or pills and had observed their behavior?
3. Kerosene		Earth Science Teacher – Discuss the unit on the earth's atmosphere and emphasize (1) that the atmosphere is composed of a mixture of gases, (2) that the atmosphere is polluted and this is a hazard to our respiratory system and (3) that not only pollution can harm our breathing system but also that the listed inhalants can very easily damage our brain, respiratory system, etc.
4. Ether		
5. Chloroform		
6. Refrigerants		
7. Nail polish remover		

Content	Motivating Questions	Teaching Suggestions
8. Paint thinner		
9. Shellac		
10. Cocaine	What is a "speedball"? Why is cocaine called snow? Is cocaine a depressant or a stimulant?	
C. Injecting intraveneously		
1. Heroin	What are the tools used by a heroin abuser? What types of diseases can be transmitted from one drug user to another? What is the medicinal use of heroin today?	Discuss: 1. Why man reacts differently to different drugs. 2. The circulatory system of the human body and its function. 3. The rate at which blood travels in the body. 4. The heart as the main pumping organ in our body. 5. The speed with which a drug reaches your brain.
2. Morphine		Define: 1.) vein 2.) arteries 3.) blood 4.) red corpuscles 5.) white corpuscles 6.) plasma 7.) heart 8.) capillaries
3. Codeine		
4. Cocaine	How is cocaine taken? Is cocaine used as a medicine?	
5. Amphetamines	Why do drug abusers prefer to introduce amphetamines intraveneously rather than orally? What would happen if you would combine a depressant with a stimulant?	

<table>
<tr><th>Content</th><th>Motivating Questions</th><th>Teaching Suggestions</th></tr>
<tr><td></td><td></td><td>On a chart similar to this, write the origin of the following drugs.
<table>
<tr><th>Drugs or Narcotics</th><th>Origin (Plants, Chemical, Synthetic)</th></tr>
<tr><td>1. Marihuana</td><td></td></tr>
<tr><td>2. LSD</td><td></td></tr>
<tr><td>3. Caffeine</td><td></td></tr>
<tr><td>4. Codeine</td><td></td></tr>
<tr><td>5. Cocaine</td><td></td></tr>
<tr><td>6. Hashish</td><td></td></tr>
<tr><td>7. Dexedrine</td><td></td></tr>
<tr><td>8. Librium</td><td></td></tr>
<tr><td>9. Peyote</td><td></td></tr>
<tr><td>10. Seconal</td><td></td></tr>
<tr><td>11. Morphine</td><td></td></tr>
<tr><td>12. DMT</td><td></td></tr>
</table></td></tr>
<tr><td>6. Barbiturates
7. Methamphetamines</td><td></td><td></td></tr>
<tr><td>D. Smoking
1. Marihuana</td><td>Does smoking “pot” have little or no effect on the body of a “beginner”?
How does marihuana change an individual’s whole personality?
What are the results of a long standing habit of smoking marihuana?</td><td>Class discussion:
Does marihuana actually “start” or “lead” a person to other drugs?
Discuss with the students the following comparison of:
<table>
<tr><th>TOBACCO</th><th>MARIHUANA</th></tr>
<tr><td>1.) Little interference with normal activities.</td><td>1.) Interference with normal activities.</td></tr>
<tr><td>2.) Little mental effect.</td><td>2.) Affects the mental and emotional reactions.</td></tr>
<tr><td>3.) Has many harmful effects on health.</td><td>3.) Has effects on the body–laziness, loss of energy, mind, etc.</td></tr>
<tr><td>4.) Doesn’t lead to any type of behavior.</td><td>4.) Pot smokers tend to lose control of their emotions.</td></tr>
</table></td></tr>
<tr><td>2. Hashish</td><td></td><td></td></tr>
</table>

TEACHER'S NOTES

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

Concept 3: The teenager must be made aware of his ecological environment. Grade Level: III - Life Science

Sub-Concept: The student needs to have an understanding of poisonous plants and be better informed on the nature of these plants.

Content	Motivating Questions	Teaching Suggestions
III. A study of plants is needed in order that everyone recognize certain garden plants as being dangerous.	What is botany? How can you recognize potentially poisonous plants?	Discuss: 1. The parts of the plant and the function of each 2. Plant growth and development.
A. Roots	What are the types of roots?	3. Conditions necessary for plant growth
1. Water hemlock	What would be the best rule to follow when you don't recognize these plants?	4. Photosynthesis
2. Elderberry		5. The uses of plants
3. Mayapple	Do any of these poisonous plants have any medicinal uses?	6. Ecology of plants for this area
B. Stem	Are any of these plants edible?	Have students do research on one poisonous plant and also get the scientific names.
1. Cherry tree	How is the toxicity distributed among the parts of these plant?	Make a list of all poisonous plants that you have in your garden.
2. Iris		
3. Potato		
4. Yew		
5. Tomato		
C. Seeds	What is self-pollination? cross pollination?	
1. Castor beans	What are the symptoms of the castor bean?	
2. Wisteria		

Content	Motivating Questions	Teaching Suggestions
3. Acorn of the oak		
4. Apricots		
5. Cherry		
D. Leaves		
1. Peach	What are some suggested remedies that are valuable in case of accidental poisoning from any of these plants?	Make a plant collection of these poisonous plants and present them to the class.
2. Caladium		Explain the kinds of energies that are involved in plant growth:
3. Oleander	What is the physiological symptom caused by the larkspur?	1. Light energy 2. Heat energy 3. Chemical energy
4. Larkspur	How specific is the reaction of man to a given plant poison?	
5. Poinsettia		
6. Marihuana	What toxic substances are present in these plants?	
7. Rhubarb		Define:
8. Lantana	Are pasture plants more toxic than garden plants?	1. Chlorophyll 2. Stomata 3. Mineral 4. Air 5. Toxic 6. Edible 7. Ecology 8. Chloroplasts 9. Carbohydrates 10. Transpiration
9. Lily of the valley		
10. Potato vines	Do we have more or less poisonous plants in this area than in order areas? (Cite specific areas.)	
11. Mayapple		
E. Berries		
1. Mistletoe		
2. Daphine		
F. Flower		
1. Larkspur		

Content	Motivating Questions	Teaching Suggestions
2. Poinsettia		
G. Total		
1. Lily of the valley	What is the physiological effect of the lily of the valley?	
2. Mushroom (toadstools)		
3. Poinsettia		
4. Poison Ivy		
5. Oleander		

TEACHER'S NOTES

HEALTH AND PHYSICAL EDUCATION

INTRODUCTION TO LEVEL III PHYSICAL EDUCATION

Drug abuse is indeed a very complex phenomena. The responsibility of taking the required steps to curb this phenomena must be shared by all parents, law officials, and educators. The educational approach for instruction in drug abuse is the best known solution in tackling this major problem. This is mainly the reason our junior high physical education students should have some knowledge of drug abuse. Despite precautionary measures taken by our present day society, the abuse of certain drugs at the junior high school level is a problem of growing concern in Laredo, as in many other cities of the United States. It is our intention to provide students with opportunities that will enable them to acquire basic knowledge, develop attitudes, and establish practices that will eventually insulate them from the temptations of drug abuse. For the most part, schools continue to remain aloof from direct programming or involvement in respect to the drug problem, but in the state of Texas, starting September, 1970, drug education will be mandatory from the intermediate elementary grades through the high school grades.

GENERAL OUTLINE

PHYSICAL EDUCATION

CONCEPT: One's level of fitness may be influenced by one's behavior with regards to drugs and eventually to one's growth and development.

I. Physical fitness is of major importance to a physical education student's general well-being.

A. The nature of physical education and physical fitness

1. Condition
2. Pride
3. Setting example
4. Responsibilities

B. Effects of drugs on neuro-muscular skills in physical education and athletics

1. Coordination
2. Agility
3. Stamina
4. Endurance
5. Speed
6. Flexibility

C. Factors associated with drug abuse in athletics

1. Improve performance
2. Kill pain
3. Lasting endurance

II. Personal health care relates to a physical education student's well-being

A. Personal appearance

1. Care of hair and nails
2. Weight control
3. Care of teeth
4. Muscle toneness
5. Care of skin

B. Sensory protection

1. Vision
2. Hearing
3. Speech
4. Equilibrium
5. Touch
6. Taste
7. Smell

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

Concept: Growth and development of the teenager may be influenced by his social surroundings and may be ultimately related to the teenager's character building.

Grade Level: III-Health and Physical Ed.

Sub-Concept: One's level of fitness may be influenced by his behavior toward drugs; this eventually influences one's growth and development.

Content	Motivating Questions	Teaching Suggestions
I. Physical fitness is the pride and joy of a young physical education student.		
A. The nature of physical education and physical fitness		
1. Conditioning	How does the conditioning of a young teen-age physical education student come about?	Have a general school assembly involving girls and boys showing the many ways conditioning comes about.
	How does conditioning influence the abilities of a physical education student in a game situation?	Activities for assembly: (a) Body mechanics (b) Weight-lifting (c) Exercising to music (d) Jogging (e) Hiking (f) Bicycling, etc.
	Does conditioning help a physical education student make decisions relating to the intake of drugs of abuse? Why?	Compare how a young athlete and physical education student values his physical fitness to how a drug abuser values his.
	Would the intake of drugs harm the physical education student physically or mentally? Why?	Conduct workshops on Saturday mornings with teen-age athletes acting as directors and teachers involved in conditioning activities. Invite children, adults, and students to participate in the workshops. Carry out the program throughout the school year to stress the importance of physical fitness.
	How does conditioning help a physical education student achieve proper physical growth and development?	
	Can conditioning be improved by the intake of drugs? Why? Why not?	

Content	Motivating Questions	Teaching Suggestions
2. Pride	Why does a young athlete and physical education student take pride in being a football player, basketball player, tennis player? (for ego purpose)	At the beginning of the school year have a joint session attended by all physical education students and led by school coaches and physical education teachers informing the student body as to their duties of teachers and students, stressing pride and active participation in athletic functions.
	How does pride in being an athlete encourage boys and girls in joining athletics and intramural sports in school?	Explain the importance of intramural sports and extramural sports at the beginning of the school year.
	If a young teen-ager enjoys being an athlete, will he usually become an abuser of drugs? Why? Why not?	
	How does physical fitness develop pride in an athlete and physical education student?	Sponsor Recognition Week honoring boys and girls who excel in athletics and physical education classes.
	How does pride in being an athlete and physical education student discourage drug use?	Invite some community officials as honor guests to a school banquet where athletes and physical education students are being honored. Ask guest speaker to center on topic – "We Are Proud of Our Young Athletes".
3. Model	How can teen-age athletes and physical education students help do away with teen-age drug use?	Have teen-age athletes and physical education students prepare posters campaigning against drug abuse.
	Can a teen-age athlete and physical education student be a good example of a person that is physically fit? Why?	Have lectures on the importance of being physically fit. Show several films that correlate to lecture, such as: No. 140 "Growing Up" No. 721 "Pit of Despair" No. 920 "Marihuana" from L.I.S.D. Media Center
	How can your physical education teacher set a good example for his or her students?	

Content	Motivating Questions	Teaching Suggestions
B. The effects of drugs on neuromuscular skills in physical education and in athletics		
1. Coordination	How important is coordination to a physical education student?	Have films on how to build coordination. Explain the process of how coordination is developed. Further explain how drugs can destroy coordination, mentally and physically.
	How can drugs of abuse destroy coordination?	
	Can drugs improve athletic performance? If so, why?	
	Are athletes and physical education students to take drugs to improve coordination?	
2. Agility	What is agility?	
	Is LSD an agility builder? Why? Why not?	Define agility. Prepare list of drugs that induce agility. Prepare lectures on the different kinds of dangerous drugs.
	If a player had taken hallucinogens before a game, would his body be more agile during the game? Why? Why not?	Explain the term hallucinogens. Show film No. 922: "LSD: Insight or Insanity" to show some effects of hallucinogenic drugs. L.I.S.D. Media Center.
3. Endurance	Why would an athlete and physical education student take drugs to last through a game?	Prepare lectures on the history of drugs used by professional athletes. Explain that drugs are used mostly by professional intercollegiate players, filtering down to high school athletes.
	Are coaches guilty of giving drugs to enable players to endure pain?	
	Which are the most common drugs abused by professional athletes?	

Content	Motivating Questions	Teaching Suggestions
	How can drugs have affect your endurance?	Lecture on the chemical reaction drugs have on the body. Explain the many after-effects drugs have on the central nervous system.
	Which are the drugs administered for endurance while in competition?	Invite a high school athletic trainer to lecture to the physical education classes on implications of and responsiblities in administering drugs.
	How do physical education teachers and coaches build up endurance in a player?	
4. Speed	How true is this statement: Speed (the drug) increases your running abilities. Why? Why not?	Have lectures and demonstrations on how to develop your running abilities. Invite well-known athletes to demonstrate and teach and at the same time stress that drugs when misused or abused distort your senses.
	If speed is very important to an athlete, is he likely to take drugs? Why?	
	Why are some athletes and physical education students faster runners than others?	
C. Factors associated with drug abuse in athletics		
1. Winning	How important is winning to an athlete?	Always teach young athletes and physical education students the values of being a good sport.
	Should an athlete always play to win? Why?	
	If a coach knew that, by using amphetamines, his chances of winning would be greater, should he use them? If so, why? Why not?	Have a unit on the abuse of drugs. Cite examples of how professional and intercollegiate teams use drugs. Use historical athletic examples.
2. Money	Is money everything to a professional athlete? Why? Why not?	Have several units on professional athletes.

Content	Motivating Questions	Teaching Suggestions
	Is money in professional athletics a financial aid to a community? Why?	Explain what money earned through athletics means to a professional athlete. Discuss how a community gains from the professional team.
	How does money encourage young athletes (college level especially) toward the intake of drugs (like pain killers to keep on playing)?	
	Can money drive an athlete to his death?	
3. Status	Why does fame encourage athletes to abuse drugs?	Have an ex-professional athlete explain why and how sports bring fame to an athlete.
	Do most professional athletes have other professions besides sports? Why?	
	If you were an athlete with a dislocated shoulder (received while playing) and the game depended on you, would you take a pain killer? Why? Why not?	Have several units on the anatomy and kinesiology of the human body. Introduce drugs that are used as muscle depressants and pain killers.
	Why did "Daddy Lipscomb's" (pro-football tackle) death shock the sporting world?	
	Does status play a hand in coaches and trainers encouraging athletes to use drugs?	Invite a member of the Laredo Quarterback Club to discuss with the physical education classes the role of a professional athlete, coach, and trainer.
	Why do present Olympic rules forbid, in general terms, the use of any drug to improve athletic performances?	This organization could furnish an appropriate film for fitness unit.
II. Health education at the junior high level deals mostly with personal appearance and sensory protection.		

Content	Motivating Questions	Teaching Suggestions
A. Personal appearance		
1. Care of skin	What is skin care? * The following "fun-questions" are samples that the teacher can set up. Answers simply require use of common sense by teen-ager.	Have a health unit on skin care. Have students do individual projects on skin care. Invite a local dermatologist to discuss the proper care of skin. Have him explain how drugs cause skin disorders.
	(a) If a pusher approached you with marihuana, claiming that it is a cure-all for pimples, would you buy it? Why? Why not?	
	(b) Would sunlight and LSD give you a perfect sun-tan? Why? Why not?	
	Why do junior high students have more skin problems than high school students?	Study skin diseases. Also study drugs known to cause skin irritations.
	Why do most drug users have skin problems?	Discuss the differences between pimples and acne. Have a unit on facial care.
2. Weight	Is weight an important factor in our lives? Why?	
	Is weight an inborn characteristic? Why? Why not?	Lecture on William Sheldon's theory of body types. Inform students of the several ways there are to control weight. Show films No. 136, "Mealtime Manners and Health" and No 51, "Eat well Grow Well", L.I.S.D. Media Center.
	Why can over-weight people endure drug affects better? or why not?	
	If you are an over-weight teen-ager, would you control your body weight through exercise or through diet pills? Give reasons.	Teach students to be conscious of body weight. Have the health classes make up exercises for their particular body types. Include a unit on muscle and bone structure.

Content	Motivating Questions	Teaching Suggestions
	Why are most drug users underweight?	Have students conduct a survey in the health classes to classify body types. Let each one set up an individual program for himself that he thinks will be the best way of controlling weight, according to individual differences and varying types.
	Can a person die from the intake of diet pills? How could this happen?	
3. Care of teeth	What do you consider proper dental care?	Have several units on dental care. Have films on dental care. Invite local dentist to explain the importance of dental care.
	Why are dietary factors important in dental care?	
	What is tooth decay?	
	Why do certain drugs cause tooth decay?	
	Is fluorine considered a drug? Why? Why not?	
	Why do drug users neglect their dental care?	Study the statistics on decay.
	How can we help drug users prevent their teeth from decaying?	Have a class discussion on the many ways to help drug users prevent tooth decay.
4. Care of hair and nails	What should we do to care for our hair?	Have a health unit on the care of hair. Topics should include the following: 1. Growth 2. Color 3. Cutting 4. Shampooing
	Why does hair add to the beauty of a person?	
	Does hair have a sex symbolism? Why?	
	What is considered normal hair growth?	
	What determines hair color?	
	Can drugs damage hair growth? Why? Why not?	
	Why do drug users usually neglect their hair?	More topics that should be included in a unit on hair care are: 5. Hair neglect 6. Hair and drugs

Content	Motivating Questions	Teaching Suggestions
	Which drugs cause baldness?	7. Baldness 8. Dry scalp 9. Oily scalp 10. Dandruff 11. Split-ends, etc.
	Which drugs cause hair growth?	
	Is hair growth the same for all people? Why? Why not?	
	If you were a drug user would you care how your nails looked? Why? Why not?	Invite a beauty consultant. Let her demonstrate how to care for nails.
	Are nails necessary? Why? Why not?	
	Would a drug user have the nervous habit of biting his finger-nails? Why?	Conduct a survey in health classes to see how many students bite their nails.
	Are nails necessarily used as weapons? Why? Why not?	
	How do nails grow?	Have a unit on nail growth.
	What are nails made of?	
	*"Fun-question":	
	If you were told that marihuana gave your nails a natural luster, would you smoke it?	
B. Sensory Protection		
1. Vision	Why is good vision an enromous personal asset?	Describe the structure of the human eye. Refer to any junior - high health text. Have a unit on the many abnormalities people suffer from defective eye-sight.
	Why is vision considered one of our most important senses?	
	How does disease, injury, or abnormalities of the eye affect the rest of the body system?	

Content	Motivating Questions	Teaching Suggestions
	How can conditions in other parts of the body affect the eyes?	
	What conditions of the eye require correction by means of glasses?	
	What are some "tell-tale" symptoms, noticeable by observing the eyes of drug users?	
	Which drugs cause hallucinations?	Discuss which drugs cause hallucinations. See films on hallucinogens, and disucss the effects they have on our vision.
	Can hallucinations distort your vision?	
	What do the following terms mean to you? a. hypenopia c. presbyopia b. myopia d. camera image e. astigmatism	
	Can distortions cause visual damage?	
	Are hallucinations always pleasant experiences? Why? Why not? Unpleasant experiences? Why? Why not? Are hallucinations dreams or true visions?	
2. Hearing and equilibrium	Why are the ears, next to the eyes, the second most important sense organ?	Describe the parts of the human hearing apparatus. Use model.
	What causes deafness?	Discuss the structure of the ear.
	Can deafness be prevented through the use of drugs?	Discuss this particular statement: "The only thing to put in your ear is your elbow."
	Which drugs do doctors prescribe in the treatment of ear disorders and infections?	
	Where in the ear is equilibrium found?	

Content	Motivating Questions	Teaching Suggestions
	How are the ear and equilibrium related?	Discuss why equilibirium is considered an extra sense organ.
	Can your equilibrium be distorted by drugs, thus affecting your ear and perhaps even your hearing? Why? Why not?	
	What is the relationship between speaking and hearing?	
	Is your sense of hearing dulled and/or sharpened through consistent drug use?	
3. Taste	Why is taste necessary?	Invite the local hospital dietician or C. P. and L. home demonstrator to lecture on food and drugs.
	What four tastes can humans distinguish and what part of the tongue experiences each?	
	What is a taste bud?	
	Where do you have your taste buds?	Cover a unit on the tongue.
	Can you distinguish drugs through their taste?	Invite a former drug addict (Contact Dr. Enrique Longoria) and have him speak to class on how drugs affect all five senses.
	Which drugs are tasteless?	
	Can drugs be given to you through your food? How?	
4. Speech	Do most drug addicts have speech difficulty? Why? Why not?	Have a health unit on the throat. Discuss the effects of drugs on speech.
	Can an abuser of drugs carry-on a normal conversation while under the influence of drugs?	

Content	Motivating Questions	Teaching Suggestions
	Can drugs of abuse destroy your vocal cords? Why? Why not?	
5. Smell (olfactory cells of nose)	How many different odors can a human being distinguish?	Discuss olfactory chemoreceptors.
	How many drugs of abuse are odorless?	Discuss narcotic drugs that are odorless.
	Can a person get intoxicated through smell? Why? Why not?	Discuss what is meant by intoxication.
	Is sniffing a part of smelling?	Cover the central nervous system.
	What is a glue, gasoline, thinner, etc. sniffer?	

Teacher's Notes

LEVEL IV
GRADES 10-12
ACID
JUNK

LEVEL IV—Multi-disciplinary Approach

A. ENGLISH
B. MATHEMATICS
C. SOCIAL STUDIES
D. CIVICS
E. BIOLOGY
F. CHEMISTRY
G. HEALTH AND PHYSICAL EDUCATION

ENGLISH

INTRODUCTION TO LEVEL IV ENGLISH

The following curriculum guide is meant to be an outline which instructors teaching English in high schools can follow on a general basis and can use to introduce the subject of drugs through activities and methods that can be promoted beforehand.

In preparing the outline for the English teachers, we kept in mind three things:

1. The infinite variety of approaches that individual teachers may employ in classrooms to bring about effective instruction of subject matter;
2. flexibility, so that individual teachers can add or subtract activities and assignments;
3. and the resourcefulness of teachers which can alter the degree to which the subject matter can by employed.

The question of whether one was to teach, in this particular curriculum, English or Drugs automatically came to mind when trying to find out the best way to approach the subject. The advice that we considered of extreme value, as it seems to answer the question perfectly, was that we are to continue to teach English in these classes - - and never minimize its importance in relation to other content. However, we are to support this subject with the introduction of the subject of drugs and narcotics whenever it can be done effectively. In short, our goal is to approach drug education for school children of all ages from a different angle. In your case; this is done through tools that you employ in the teaching of English.

GENERAL OUTLINE

ENGLISH - - LEVEL IV

General Concept: English, as a separate subject area, lends itself to the teaching of drugs and drug addiction.

Concept I. Growth and development of the teenager are influenced by his social surroundings and are ultimately related to the teenager's character building.

A. Developing oral language through class participation
B. Developing problem-solving through group process

Concept II. Besides dominant age groups, there are other age groups which shape our society.

A. Reading newspapers
B. Reading magazine articles
C. Reading pamphlets
D. Listening to radio; watching television

Concept III. The overwhelming use of drugs in our society has added many new words to our everyday English vocabulary, manifesting a change in language.

A. Creating new words for medical terms
B. Emerging slang expressions

Concept IV. The library is a focal point of background research for informative and creative writing as well as for obtaining general information.

A. Basing themes on adequate research
B. Enriching a person's experiences through reading

Concept V. Speech is our basic form of communication and undoubtedly, the most important one.

Concept VI. Poetry has survived the test of time because of the timely message to all generations.

Concept VII. Present-day literature concerns itself with the problem of drugs.

VIII. Appendices

A. Suggested Activities

B. Recommended Books

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

Concept I: Growth and development of the teenager are influenced by his social surroundings and are ultimately to the teen-ager's character building.

Grade Level: IV - English

Content	Motivating Questions	Teaching Suggestions
A. Class discussion is a process of involving all members of the classroom group.	What possible reason could there be for introducing drugs into our English class? Of what value is class discussion as a means for learning about drugs? What age group is dominant in our society? Why? What are their problems? A. Student-Teacher Interaction B. Group Interaction Of what value is teacher-student interaction in dealing with this problem? In what ways would this curriculum influence you, the student? How does the use of drugs and narcotics affect the community? you as a member of the community? Why does the group tend to be such a powerful force in one's decision-making processes? How does the group influence one's decision to use or not to use drugs? The group is often thought to be only negative. How can it be used in a positive sense?	Student-Teacher interaction on educational aspects of drugs, their causes and effects. This method may be used to introduce topics and to promote student-teacher planning. This method sets up the groundwork of the teacher with views and feelings expressed by the students.

Content	Motivating Questions	Teaching Suggestions
B. Teach problem-solving through group process.	Do you feel the speaker was qualified to speak on the subject? Did he support his statements with examples? Did he give qualifications of experts quoted? Do you believe he had up-to-date information? Could you understand the meaning of words he used? Was this propaganda? Was he convincing? Was he a good speaker? Based on your own reading, do you agree or disagree with him? Why or why not?	Have students see film-strips and listen to records on different drugs. Example: "Instant Insanity Drug" (non-fiction)

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

ConceptII: Besides dominant age groups, there are other influences which shape our society.

Grade Level: IV - English

Content	Motivating Questions	Teaching Suggestions
News media has impact and effects and presents pressures on society.		
A. Newspapers	Are newspapers printing the real story?	Have students gather newspaper and magazine articles, etc. Conduct a fact-finding lesson.
B. Magazines	What are some misconceptions found in newspaper and magazine articles?	Ask students to compare the content of the article and factual information.
C. Pamphlets	How do they compare to factual information?	Have students identify half-truths and misconceptions which appear in some media.
	How do we know our information is reliable?	Teach them to become disciminating and skeptical about what they read and hear.
	What aspects of media do you have?	
D. Radio & T.V.	Why do we tend to hear more about drugs from certain areas of the country?	Have students gather information from different parts of the country and discuss the trends and occurences of drug use and abuse in different areas.
	Aren't drugs a problem everywhere? Explain your answers.	
	Why is it we hear that this is a drug-oriented society? What evidence do we have of this?	Take a Time, Life or Sports Illustrated or some other popular magazine and have students point out all the suggestions to use drugs in those publications. Discuss the implications.
	* In the magazine articles, what was the topic sentence to the entire article?	

Content	Motivating Questions	Teaching Suggestions
	* What transitional devices did the writer use in going from one paragraph to another?	
	* Were his concluding statement or statements effective?	
	Do our communications media add to the problem? How?	
	How does television contribute to this?	Have students take a survey of amount of time spent on drugs on television advertisement.
	Can you name the different methods of persuasion used by the news media?	Discuss the effects of such exposures.
	Persuasion? Buying unneeded materials and products.	

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

Concept III The overwhelming use of drugs in our society has added many new words to our everyday English vocabulary manifesting a change in language.

Grade Level: IV - English

Content	Motivating Questions	Teaching Suggestions
Many words used only in the medical profession have become everyday words; on the other hand, slang expressions in the use of drugs have created new meanings for old words.	What is the meaning of ______________? Medically, what is it used for? How does______differ from _________ ? What is the origin of the word?	LSD is used in treating mental cases. Heroin and morphine are used as pain killers. Peyote is used by Indians in religious rites.
A. Medical terms		
B. Slang expressions	What new definitions have the use of drugs through slang expressions created? What are some of the slang terms that you have heard of? How do they originate?	New meanings for old words - fix trip high had trip coming down had scene "do your thing" grass pot acid bennies red devil etc. For each word give a. pronunciation b. derivation c. part of speech d. meaning e. variations of word See: Drug Abuse – Teenage Hangup (A Handbook for Teachers) by Donald J. Merki, page 111, available at L.I.S.D. Resource Library.

Content	Motivating Questions	Teaching Suggestions
		By using The Reader's Guide, have students look up five recent magazine articles published within the past two months and ask them to copy slang expressions and new words taken from old meanings which have come about through the use of drugs. (English teacher should stress the fact that languages are not static and new words are not always the result of technological advances and borrowing from other languages.)

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

Concept IV: The library is the focal point of background research for informative and creative writing as well as for obtaining general information.

Grade Level: IV - English

Content	Motivating Questions	Teaching Suggestions
Themes, particularly informative ones, must be based on adequate research.	What sources are available in the library for research? What other sources are available in the community? (Agencies?) What aspects of the drug question needs to be answered through themes? Why do we need research?	The teacher may assign such topics as may be pertinent to her class discussions or grade level. Suggested topics: (1) Is alcohol more dangerous than marijuana? (2) Should we ban alcohol if we don't legalize marijuana? (3) If we legalize marijuana, what age is the legal limit for use? (4) How will marijuana be dispensed to the public if it is legalized? (5) The legalization to marijuana is the answer to what problem?
Reading enriches a person's experiences.	What is the general theme of the book? What methods does the author use to get his points across? What particular topic in the book was especially appealing to you and why? Compare ____________'s style to other books or (book) presenting factual information. Define or criticize the author's viewpoint substantiating your defense or criticism with concrete examples. If fiction, how adequatley are characters developed? Why do you think this is so?	The teacher should assign required reading to give students the opportunity to delve into the specific areas of drugs and narcotics. Required Reading - - Book Reports: (Oral and written)

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

Concept V: Speech is our basic form of communication, and, undoubtedly, the most important one.

Grade Level: IV - English

Content	Motivating Questions	Teaching Suggestions
Formal presentation of concrete ideas and speech offers special responsibilities for learning. A. Debate B. Symposium C. Forum D. Panel Discussion	What is the general consensus of the class in regards to the topic covered? Are the feelings expressed by students limited to this area? How do they compare to other parts of the country? Has an extremely strict measure of law enforcement regarding drugs increased the problem? Why? What circumstances lead to a person's use of drugs or marijuana? What alternatives are there to drugs? How can the school and community help emphasize these alternatives?	Topics for debates or panel discussions: Drug addicts should not treated as criminals but as emotional cripples. Marihuana should be legalized. Sweden's drug laws should be adopted by the U.S. Legalizing drugs would lessen addiction. Drug addiction leads to crime.

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

Concept VI Poetry has survived the test of time because of the timely message to all generations.

Grade Level: IV - English

Content	Motivating Questions	Teaching Suggestions
John Donne's famous stanza from "Devotions" "No Man is an Island" Polonius' advice to Laertes from Hamlet Act I, Scene III Other poetry at the teacher's discretion	Are we really responsible only to ourselves? Why is it other people are affected by what we do and say? Why is it that an older generation always tries to give advice to a new one? Does the new generation ever listen? Why? Is Polonius' advice to Laertes adequate for this day and age? What other advice would you include to update it?	Read poems with a perspective on drugs.

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

Concept VII Present-day literature concerns itself with the problem of drugs.

Grade Level: IV - English

Content	Motivating Questions	Teaching Suggestions
The novel has uniques characteristics as differentiated from the short story.	What is the author's purpose in writing this book?	The teacher may:
All literature can be divided into fiction and non-fiction, and each area has its own characteristics.	What qualifies the author for writing on this subject?	1. Order enough books and teach one book to an entire class.
	What is the main character's problem? How does he solve it?	2. Order five copies of different books and divide the class into groups and have them give a skit, panel discussion, debate, or any kind of presentation before the class.
	What causes the conflict in plot?	3. Order as many books as possible and let each student be responsible for a report, either written or oral.
	Is the book fiction or non-fiction? Defend your answer by stating characteristics and specific examples from the book.	(Suggested list of books follows this unit.)
Fiction short stories	If the main character in the story had used some sort of drug, would he have been able to solve the problem?	Have students read any short story and inject a drug problem into the story.
	Rewrite the ending of the story considering the character as a drug-user. Be sure you state what drug he used and what effects the drug had.	

VIII. APPENDIX A
SUGGESTED ACTIVITIES

TO BE ENDORSED BY THE ENGLISH DEPARTMENT

I. Theme Contest - - School - - City

  A. Respresentatives from different schools meet to agree on topic and prize.

  B. English Department at each school conducts contest, decides on winner and award.

  C. Individual school winners will compete in city-wide contest.

  D. City-Wide contest should hopefully be sponsored by Laredo Merchants who will also offer cash award.

  E. Publicity Committee should be composed of representatives from each participating school.

II. Drug Awareness Fair - - could be sponsored by each school with the English Department as coordinator

  A. From their curricula each department would be responsible for setting up a display of activities they have conducted in class. Example: Social Studies Department - - could make up a chart of laws concerning drug users; English Department - - could work on an annotated bibliography of books available on drug education.

  B. Administrators from different schools would be called in as judges and whatever department having the outstanding display would receive an award.

  C. The Drug Awareness Fair would be open to the community, and parents should be encouraged to attend.

  D. The English Department would be in charge of the publicity and organization.

APPENDIX B:
BOOKS RECOMMENDED FOR HIGH SCHOOL

ENGLISH LEVEL IV

Novels (Fiction)

Single copies are available at L.I.S.D. Media Center

Algren, Nelson. The Man With the Golden Arm. Greenwich, Conn: Fawcett Publication, Inc., 1949. (Perma-Bound $1.49)

Harris, John D. The Junkie Priest. New York. Pocket Books, 1969. (Perma-Bound $.75)

Larner, Jeremy. The Addict in the Street. New York: Grone Press, Inc., 1966. (Perma-Bound $.95)

Mills, James. The Panic in Needle Park. New York: Signet Books, 1967. (Perma-Bound $1.45)

(Non - Fiction)

Cashman, John. The LSD Story. Greenwich, Conn: Fawcett Publication, Inc., 1966 (Perma-Bond $1.45)

Ebin, David. The Drug Experience. New York: Grone Press, Inc., 1965. (Perma-Bound $1.45)

Hyde, Margaret D. Mind Drugs. New York: Pocket Books, 1969. (Perma-Bound $.95)

Klagsbrum, Francene. Youth Quake. New York: Cowles Education Corporation, 1968. (Hardback $3.50)

Laurie, Peter. Drugs. Baltimore, Maryland: Penguin Books, 1969. (Perma-Bound $1.45)

Stearn, Jess. The Seekers. New York: Bantam Books, 1970. (Perma-Bound $.95)

Wakefield, Dan. The Addict. Greenwich, Conn: Fawcett Publication, Inc., 1963. (Perma-Bound $.75)

Watts, Alan W. The Joyous Cosmology. New York: Random House, 1962. (Perma-Bound $1.65)

Wolfe, Tom. The Electric Kool-Aid Acid Test. New York: Bantam Books, Inc., 1968. (Perma-Bound $.125)

Yablonsky, Lewis. Synanon: The Tunnel. Baltimore, Md: Penguin Books, Inc., 1969. (Perma-Bound $1.95)

TEACHER'S NOTES

MATHEMATICS
LEVEL IV

INTRODUCTION TO LEVEL IV MATHEMATICS

The members of the Drug Abuse Curriculum Committee are aware that the sole purpose of the math teacher is to teach mathematics. This guide is designed to suggest and not to dictate to the teacher that mathematics lends itself to Drug Education.

The units in logic, sets, percents, and surveys are to be inserted wherever the teacher feels that drug education will strengthen the lesson.

This math section has its own Appendix A, Appendix B, Appendix C, and Appendix D.

GENERAL OUTLINE

MATH

Concept:

The effect of drugs on one's total development is summarized in the set theory of drugs.

I. Logic deals with compound statements.
   A. Two types of compound statements.
      1. Conjunction
      2. Disjunction

   B. Validity of compound statements

   C. Manipulation of compound statements

      1. Conditional
      2. Converse
      3. Inverse
      4. Contrapositive

II. The language of sets applies to any collection of objects.

   A. Set requirements

      1. Have the same or similar composition
      2. Produce the same or similar effects

   B. Types of sets

      1. Disjoint set
      2. Infinite set
      3. Finite set
      4. Unequal sets
      5. Equal sets
      6. Equivalent sets
      7. Empty set
      8. Complement of a set
      9. Identity set

   C. Subsets

      1. Part of a set
      2. Whole set

   D. Set terminology

      1. Binary operation
      2. Union of two sets
      3. Intersection of two sets
      4. One to one correspondence
      5. Cardinal number
      6. One to many correspondence
      7. Mutually exclusive

E. Symbols

1. Set $\{ \}$
2. Union $\cup$
3. Intersection $\cap$
4. For any X such that X has property = X/X
5. Subset $\subset$

III. Surveys are used to gather opinions on key issues.

A. Purposes of Surveys

B. Nature of the sruvey

1. Random sampling
2. Bias sampling

C. Conclusions and implications of surveys

D. Controls of survey

1. Validity
2. Reliability
3. Objectivity

IV. Percent figures are used in expressing relationships between sets or subsets.

A. Types of percent figures

1. Total percent
2. Percent gather than
3. Percent less than

B. Controls of a percent figure

1. Validity
2. Reliability
3. Objectivity

V. Appendices

A. Surveys

B. Percent figures

C. Truth tables

D. Sets

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

Concept: Understanding the dangers and hazards of drugs abuse is an important aspect of one's total development.

Grade Level: IV - Math

Sub-Concept: Logic helps the individual understand the phenomena of drugs.

Content	Motivating Questions	Teaching Suggestions
I. Logic deals with compound statements.		
A. Two types of compound statements.	What do we call a statement composed of 2 simple sentences joined by a connective?	Emphasize the meaning of the following words using drug abuse samples: (1) conjunction, (2) disjunction, and (3) negation. Refer to "Facts about Narcotics and other Drugs" by V.H. Vogel, M.D., page 13; *and make reference at end of this unit.
a. The conjunction	If a compound statement is joined by "and," what is it called?	
b. The disjunction	If a compound statement is joined by "or," what is it called?	After you have received the above and have given the students an opportunity to work with these 3 terms, organize 2 teams and see which can get 5 or 10 statements correctly as you dictate each individually.
B. Validity of compound statements	If both simple sentences in a compound statement are true, what must be known before you can determine the truth or falsity of the entire statement?	Help students develop truth tables utilizing statements having a disjunction as well as a conjunction.
	If either one of the simple sentences is true or both are true, what must be known before you can determine the validity of the entire statement?	Review the rules governing the validity of statements as well as the terms conditional, converse, inverse, contrapositive and again disjunction and conjunction. Stress the meaning of the above terms.
C. Manipulation of compound statements.	What do we call the negation of the conditional statement?	Help students design simple truth tables utilizing the implication, "if-then" statements, the inverse, and the contrapositive.

Content	Motivating Questions	Teaching Suggestions
	What new term results from the transposing and negating of the conditional statement?	
1. Conditional 2. Converse 3. Inverse	What do we call a conditional statement consisting of an antecedent (sentence following "if") and a consequent (sentence following "then")?	Relate the truth of Implication and Contrapositive. Refer to Appendix C and Geometry text book.
4. Contrapositive	Are all conditional statements valid? Why?	
	How can an implication be expanded into a truth table?	
	What do we call the transposition of the implication?	

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

Concept: Understanding the dangers and hazards of drug abuse is an important aspect of one's total development.

Grade Level: IV - Math

Sub-Concept: An individual's understanding of set terminology facilitates the learning of drugs.

Content	Motivating Questions	Teaching Suggestions
II. The language of sets applies to any collection of objects	What is a set?	Review the definition of a set.
	Why do we have sets?	Point out that the universal set of drugs is composed of both harmful and helpful drugs.
A. Set requirements 1. Have the same similar composition 2. Produce the same or similar effects	Why can a drug be an element of more than one set? On what basis are drugs divided into sets?	Review the definition of different types of sets. Allow the students to do research on the different types of drugs. Have the students classify these drugs into sets.
B. Types of sets 1. Disjoint set 2. Infinite set 3. Finite set 4. Unequal sets 5. Equal sets 6. Equivalent sets 7. Empty sets 8. Complement of a set 9. Identity set	Name the different types of sets? Why does marihuana belong to the set of narcotic drugs?	Sets of drugs may be derived by grouping drugs according to their composition or according to changes they inflict on the whole individual. The set of addicting drugs and the set of non-addicting drugs within the universal set of drugs may be used to illustrate complements.
C. Subsets 1. Part of a set 2. Whole set	What is a subset? Why are the opium drugs a subset of the narcotic drugs?	Have the students provide subsets from the sets derived in class.

Content	Motivating Questions	Teaching Suggestions
D. Set terminology	What set terminiology can be used in comparing different sets?	Go over set terminology with the students.
1. Binary operation 2. Union of two sets		Have the students identify properties of sets using set terminology.
3. Intersection of two sets	What is the terminology that is used in the drug field to determine sets?	Allow the students to augment, delete, and compare the derived sets in class.
4. One to one correspondence 5. One to many correspondence	How can different sets be manipulated?	
6. Cardinal number	Why are there different classifications of drugs?	
7. Mutually exclusive	Why do agencies look at drugs in different ways?	
E. Symbols	What symbols are used in set theory?	Stress to the class the importance of learning set theory symbols.
1. Set $\{ \}$ 2. Union $\cup$ 3. Intersection $\cap$ 4. For any X such that X has property – X/X 5. Subset - $\subset$		Refer to Appendix D for more information.

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

Concept: Understanding the dangers and hazards of drug abuse is an important aspect of one's total development.

Grade Level: IV - Math

Sub-Concept: Surveys offer an individual the opportunity to discover drug implications on a first hand basis.

Content	Motivating Questions	Teaching Suggestions
III. Surveys are used to gather public opinions on key issues.	What is a survey?	Explain the meaning of the word survey.
	How are surveys conducted?	
A. Purposes of surveys	What goes into a survey?	Have the students conduct a survey on key issues such as Marihuana, LSD, Pep Pills, etc.
	*Refer to Appendix A for Sample Learning Activity	Help the students in the structure of the survey by providing sample questions to go along with the key issue picked by them.
B. Nature of the Survey		
1. Random sampling	What is meant by random sampling?	Define a random sample.
2. Bias sampling	What is meant by bias sampling?	Define a bias sample.
		Have the students comment on whether or not a random sample was used fot the survey.
		Have the students comment on whether or not a bias sample was used for the survey.
C. Conclusions and implications of surveys	What does a survey prove?	Allow the students to interpret the data according to their mathematics background, such as percent, mean, median, mode, etc.
	How do surveys influence public opinion and behavior?	

Content	Motivating Questions	Teaching Suggestions
	How are conclusions drawn from surveys?	Show how results of a survey can be interpreted according to what you want to prove.
D. Controls of a survey 1. Validity 2. Reliability 3. Objectivity	How are the results of a survey evaluated?	
	What do we mean by validity, reliability, and objectivity?	Define and discuss the meaning of validity, reliability, and objectivity.
	How do these factors affect the results and conclusions drawn from such investigation?	Have a discussion of the survey. Discuss the possibility of publishing the results in the school's newspaper.

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

Concept: Understanding the dangers and hazards of drug abuse is an important aspect of one's total development.

Grade Level: IV – Math

Sub-Concept: The individual's understanding of percent figures dealing with drugs are questionable.

Content	Motivating Questions	Teaching Suggestions
IV. Percent figures are used in expressing relationships between sets or subsets.	What is a percent? What is a set? What is a subset?	*Review the section dealing with sets. Discuss the meaning of percent.
A. Types of percent figures	How are percent figures used to represent a relationship of sets or subsets?	
1. Total percent		
2. Percent greater than	How may two distinct subsets of a given set be compared?	Discuss the meaning of a percent greater than and percent less than. Provide the formulas needed in deriving total percent, percent greater than, and percent less than.
3. Percent less than	*Refer to Appendix B for Sample Learning Activity	
B. Controls of percent figures	Why should percent figures be analyzed before accepting or rejecting them?	*Review the section dealing with surveys.
1. Validity 2. Reliability 3. Objectivity	What do we mean by validity, reliability, and objectivity?	Provide different ways of representing a relationship of sets or subsets by means of a percent figure.
	How do these factors affect the results and conclusions drawn from such percent figures?	Allow the students to manipulate the percent figures derived in class representing relationships between sets and subsets.
	How do percent figures help to destroy one's belief?	

V.
APPENDIX A – SURVEYS

Planning and interpreting a Survey
Issues: many

Examples:
1) Vietnam War
2) Draft System
3) Marihuana
4) LSD
5) Pep Pills

Approve or Disapprove the Issue Survey questions: Questions that give information for conclusions and implications of surveys.

Examples:
1) Do you plan to attend college? Yes or No
2) What is your family income?
   a) 0 - $4000
   b) $4,001 - $6,000
   c) $6,001 - $9,000
   d) $9,001 - & above
3) Do you have the will power to make your own decisions? Yes or No
4) Do you associate with friends after school? Yes or No
5) If (4) is yes, with how many persons do you associate?
   a) one
   b) two
   c) several
   d) many
6) Do you tend to be inquisitive? Yes or No
7) Are you curious?
   a) no
   b) little
   c) very much
8) Do you participate in extra curricular activities? Yes or No
9) How many courses are you passing?
   a) all
   b) 5
   c) 4
   d) 3
   e) 2
   f) 1
   g) zero

10) Do you have any personal problems? Yes or No

11) If (10) is yes, how often do you have personal problems?

a) few times
b) some times
c) all the time

12) In times of disappointment, do you accept the outcomes?
Yes or No

13) Do you think your parents should restrict you to their ways of thinking?
Yes or No

14) Would you encourage a member of your family to abuse drugs?
Yes or No

15) Do you approve of persons who have been arrested for narcotic violations?
Yes or No

16) Do you live with your father and mother?

a) father only
b) mother only
c) both
d) none

17) Is your father now employed? Yes or No

18) Is your mother now employed? Yes or No

19) Do your parents encourage you to attend church? Yes or No

20) Do your parents smoke?

a) father only
b) mother only
c) both
d) none

21) Do your parents drink alcoholic beverages?

a) father only
b) mother only
c) both
d) none

22) If (20) is yes, do you approve of your parents' smoking?
Yes or No
23) If (21) is yes, do you approve of your parents' drinking?
Yes or No

APPENDIX B

Percent Figures: In how many ways could the following data be interpreted?

Sample	(fiction)
Set P is	W/W is a human being in group Q
Set A is	X/X smokes
Set B is	Y/Y uses marihuana
Set C is	Z/Z uses heroin

Set P is	{a b c d e f g h i j k l m n o p q r s t u v w x y z}	Cardinal number is 26
Set A is	{a b c d e f g h i j k l m n o p q r}	Cardinal number is 18
Set B is	{a b c d e}	Cardinal number is 5
Set C is	{a}	Cardinal number is 1

What percent is Set A of Set P?

What percent is Set C of Set P?

What percent of the heroin users started on marihuana?

What percent of the marihuana users went on to heroin?

What percent of the heroin users started on cigarettes?

What percent of the cigarette smokers went on to heroin?

What percent of the marihuana users started on cigarettes?

What percent of the cigarette smokers went on to marihuana?

Develop a lesson on percent greater than and percent less than.

APPENDIX C
TRUTH TABLES

1st Example: A conditional statement is to be expanded and used in a truth table.

1. If David takes LSD then David will go on a good psychedelic trip.

Possibilities:

(p) (g)

(a) David takes LSD and goes on a good psychedelic trip.

(b) David takes LSD and doesn't go on a good psychedelic trip.

(c) David has never taken LSD but he has a flash back and goes on a psychedelic trip.

(d) David has never taken LSD but still has flash back to a bad psychedelic trip.

TRUTH TABLE

p	q	$p \rightarrow q$
T	T	T
T	F	F
F	T	T
F	T	T

2nd Example: The conjunction may also be expanded and used in a Truth Table.

Possibilities:

(p) (q)

(a) Marijuana and Heroin are illegal in the U.S.
(b) Tobacco and Marijuana are illegal in the U.S.
(c) Heroin and Tobacco are illegal in the U.S.
(d) Alcohol and Tobacco are illegal in the U.S.

TRUTH TABLE

p	q	$p \wedge q$
T	T	T
F	T	F
T	F	F
F	F	F

Continuation of Appendix C

Definitions:

1. Emotional dependence - desiring effects of a drug
2. Physical dependence - needing of the drug by the body.
3. Tolerance - having to have more and more of the drug to get the effect he wants.

APPENDIX D

Universal set of drugs = {non-addicting drugs, addicting drugs}

Set of Non-Addicting Drugs = {too many to include}

Set of Addicting Drugs = {Sedatives, Stimulants, Hallucinogenic}

Subsets
Sedatives $\subset$ Addicting Drugs
Stimulants $\subset$ Addicting Drugs
Hallucinogenic $\subset$ Addicting Drugs
Non-Addicting Drugs $\subset$ Universal Set of Drugs

Unions
Addicting Drugs $\cup$ Non-Addicting Drugs = Universal Set of Drugs
Addicting Drugs $\cup$ Sedatives = Addicting Drugs
Cocaine Drugs $\cup$ Amphetamines = Set of Stimulants Drug

Intersections

Addicting Drugs $\cap$ Non-Addicting Drugs = ϕ
Addicting Drugs $\cap$ Sedatives = Sedatives

Cocaine, Amphetamines, Barbiturates $\cap$ Sedatives = Barbiturates

Some Examples of Sets

{Opiates, Demerol, Methadone, Doriden, Noludar, Tranquilizers}

{Sedatives, Stimulants} = Set of Drugs that causes emotional dependence

{Opiates, Demerol, Methadone, Barbiturates, Tranquilizers} = Set of drugs that causes tolerence.

Practice Exercise:

Place the correct phrase that makes the statement true.

1. {Barbiturates} $\subset$ {*sedatives}
2. {Tranquilizers} $\cap$ {Opiates} = *null set
3. {Cocaine} $\cup$ {Benzedrine, Desyphed, Dexamyl, = set of *stimulant drugs
   dexedrine, methadone, tuamine}

4. $\{\text{Marijuana}\} \subset \{\text{Sedatives}\}$
5. $\{\text{LSD}\} \subset \{\text{hallucinogenic}\}$
6. $\{\text{Opiates}\} \subset \{\text{Sedatives}\}$
7. $\{\text{Cocaine}\} \cup \{\text{Amphetamines}\}$ = set of stimulant* drugs
8. $\{\text{Addicting}\}$ drugs $\cap$ Hallucinogenic$\}$ = set of hallucinogenic* drugs
9. The compliment of the addicting drugs within the universal set of drugs is set* of non-addicting drugs.
10. $\{\text{Methadone}\} \subset \{\text{Sedatives}\}$

*These are the answers to the above exercise.

TEACHER'S NOTES

AMERICAN HISTORY

INTRODUCTION TO LEVEL IV AMERICAN HISTORY

Drug abuse has become a national plague, an epidemic of monstrous proportions. Ten years ago if you were an average American teenager or parent, you were almost immune. The problem existed, but it was far-away- - in the ghettos, in slums, in the twilight criminal world. Even five years ago it seemed remote. Not any more. Today, the shadow of tragedy looms over every family regardless of educational level, regardless of wealth or position, regardless of anything. If a student is in college or high school, in junior high school or even in elementary school, it is no longer a question of his possible exposure to illicit drugs. He is being exposed to them now. To assume otherwise is wishful thinking at its blindest. We must fight this battle and fight it now. Education is our greatest weapon.

This guide is intended to be used solely as an aid in the education of drugs. It attempts to tell the story of the use of narcotic drugs from the very earliest of times to the present. It tells of the many ways in which man has attempted to use narcotic drugs to his benefit. The guide simply tells the story of narcotic drugs in the United States. It does not attempt to preach the immorality of drug abuse. It is intended that this guide be used only as a reflection of the past so that steps taken in the future may hopefully be better planned.

The teacher should use this guide and any other aid in the teaching of narcotics with one basic fact in mind – the student does not want preaching; he wants an education. To him, this simply means the presentation of facts.

GENERAL OUTLINE
AMERICAN HISTORY

Concept: Drugs are a menace to health and morals when improperly used. This is true of the present and of the past.

I. Man has found different uses for drugs since the earliest of times (B.C. - 1492).

   A. Uses of drugs obtained from plants, animals, and minerals
   B. People and/or regions where drugs are known to have been used
   C. Early uses of certain drugs
   D. Administration of drugs

II. Indiscriminate use of drugs during the 18th and 19th centuries led to the spread of narcotic drug addiction in America.

   A. Serious dangers and severe handicaps faced by Colonial Americans
   B. Prescribed Narcotics for illnesses
   C. Availability
   D. Discoveries and inventions influencing the spread of narcotics
   E. Medical view of the use of addicting drugs

III. During the late 19th century, the public started changing its attitude toward drug addiction.

   A. The use of opiate drugs generally not offensive before 1890
   B. Public attitudes toward drug addiction after 1890

IV. The change in public attitudes toward drug addiction led to the passage of laws in order to control the use of drugs.

   A. Laws before 1914
   B. The Harrison-Narcotic Act of 1914
   C. Laws after 1914
   D. Results of legal controls

V.. Enlarged experience increased knowledge, and new conceptions have resulted in conflicting views of the problem.

   A. Addiction viewed as a crime
   B. Addiction viewed as an illness

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

Concept: Drugs are a menace to health and morals when improperly used. This is true of the present and of the past.

Grade Level: IV - American History

Content	Motivating Questions	Teaching Suggestions
I. Man has found different uses of drugs since the earliest of times (B.C. - 1492).	How and why were drugs first used by people?	Make a chart depicting the earliest of known drugs - - - separate those that come from plants, from animals, from minerals.
A. Uses of drugs obtained from plants, animals, and minerals.	What are some drugs obtained from plants? What are some drugs obtained from animals? What are some drugs obtained from minerals?	
1. To fight disease	What are some drugs that fight disease? What are some of the earliest known drugs that fight disease?	Make reports on specific drugs - - again designating those that come from animals-plants-and minerals.
2. To relieve pain		
3. To affect behavior	What are some drugs that help body functions? How might some of them have been discovered?	Place drugs in a chronological order from time of earliest known according to use and purpose.
B. People and/or regions where drugs are known to have been used		Prepare maps showing spread of civilization and use of drugs–make them over-lays, as for use in opaque projector. Prepare research paper (essay) on early physicians-comparing some early practices with those that came later, and many that have withstoood the test of time.
1. Stone, Age-primitive people	How did primitive people learn to use certain plants as drugs? How do we know that Stone-Age people used opium?	Have a student find information from the library on drugs possibly used by the stong age-primitive people. Have him report to the class and have a discussion.

Content	Motivating Questions	Teaching Suggestions
2. Eastern Mediterreanean region	Where did the wild opium poppy originate?	
	What is meant by the statement "the opium poppy was first domesticated in Mesopotomia"?	
3. Central Europe	How did the opium poppy spread into Central Europe?	
4. Swiss Lake dwellers	What evidence is there that Swiss Lake dwellers used and cultivated opium?	
5. Egyptian and Persian physicians	How did early Egyptian physicians use opium?	
6. Greeks	How was opium introduced to other parts of the world?	Make a report on ancient Greece–with emphasis on their study of botony, medicine, and zoology.
	What are some other drugs used by early civilizations?	
	How were drugs administered long ago?	
	What part did "witch doctors" play in early civilizations?	
	What was the usual way a person became a physician in early Greece? Rome?	Write a biography on Hippocrates, the father of Greek science.
7. Romans	What did traveling armies usually carry along?	Prepare maps to show the spread of the Roman Empire.
8. Persians, Indians and Chinese	What contributions did ancient Egyptian Greek and Roman physicians make?	Make a display of medicinal "herbs" and old-time spices. Prepare a report.
	Who established the importance of personal hygiene? of public health?	

Content	Motivating Questions	Teaching Suggestions
	What was "sanitary engineering," and to whom is it attributed?	Make a report on Roman "sanitary engineering."
C. Early uses of certain drugs		
1. To induce state of intoxication during religious rites	When were drugs first used in religious rites?	Obtain a report from the library: "Usage of drugs and hallucinogenic agents in early religious rites."
2. To prepare warriors for battle	What disadvantages could be caused by the use of drugs before battles? advantages?	
3. To relieve pain	What drugs have been used to relieve pain? How were they used?	Report on early drugs used as pain killers on the wounded.
	Why was medical science in such a slow pace during the middle ages?	Report on the progress or lack of it on medicine during the Middle Ages.
D. Administration of drugs		
1. Taken by mouth	What were the early ways of taking drugs? How have they changed? Why have they changed? Are they safer now? More dangerous?	Report on the Middle Ages. Report on the Bubonic plague and other dreadful diseases of this Middle period.
2. Injected into the body	As explorers from European nations came into America, did they bring drugs? Did they find natives using drugs?	Report on the history of medicine.
3. Inhaled	Did they learn from the natives about certain drugs?	
4. Applied to the body surface		

Content	Motivating Questions	Teaching Suggestions
5. Inserted into a body opening		
II. Indiscriminate use of drugs during the 18th and 19th centuries led to the spread of narcotic drug addiction in America	In the United States, what government agency is chiefly responsible for testing drugs before they are released to the general public?	Write letters to the Food and Drug Administration requesting information on specific drugs.
A. Serious dangers and severe handicaps faced by Colonial Americans	Why might the early colonists have had need for certain drugs?	Do research into the discovery, exploration, and settlement of the original colonies by certain European nations. Discuss what they found and brought.
	How might early Americans have studied medicine? What were apprentices?	
1. Rapid spread of contagious diseases		
	When and where was the first public hospital in American established?	
2. Use of medicines from barks, herbs, roots, tabacco leaves and sassafras	What were some early "old wives tales" and supersitions brought over from Europe? What drugs and "remedies" were introduced by the Indians to the settlers?	
3. Use of quinine	What were the Salem witchcraft trials?	
	Could these people have been drugged? Ill?	
	What are vaccines? serums?	
	How does a drug company go about submitting its product to the Federal Drug Adminsitration?	Make reports on the step acceptance of a particular drug by the F.D.A.

Content	Motivating Questions	Teaching Suggestions
	Have there been cases in which drugs were not properly tested and caused harmful effects to the users?	Do research on Thalidomide and other harmful drugs. Display magazine articles - - pictures.
	Why is it difficult to determine the whole effect of a drug on the human body?	
	What pressures are brought to bear on the Food and Drug Administration for the earliest release possible of new drugs?	
	What are some ways in which the wrong drugs can fall into the wrong hands?	Make a bulletin board using all kinds of label "information" - - enlarge actual copies of real labels with instructions, dosages, etc.
	Why was it possible for early drug manufacturers to make exorbitant claims about their product?	
	What safeguards do we have today which protect us against false claims?	Have a student look for information on the Federal Food, Drug, and Cosmetic Act of 1938 which safeguards the public against false labeling of drugs. Have a report read and discussed in class.
		Display "sensationalism" newspaper advertising. Discuss pros and cons.
		Bring magazines with ads depicting the many "drugs" that can be sent for - - and what they purport to be able to do.
B. Prescribed narcotics for illnesses	Are narcotics used for these conditions today?	Using an old almanac or Sears Catalog, compare drug "claims" - then and now!
1. Pain relievers for venereal disease, cancer, and gall stones	How are veneral diseases treated today? How are cancers treated today? Were these drugs effective? Why? Why not?	

Content	Motivating Questions	Teaching Suggestions
2. Relief of diarrhea and vomiting spasms accompanying tetanus	What are some "home remedies" which involve herbs, leaves, bark of trees, etc?	Make a survey of "home remedies" still being used in many households–orange leaf tea, anise tea, etc. Have students research current methods of treatment of various diseases and disorders.
3. Childbirth and menstruation pains		
4. Cure for typhus fever		
5. Relief of stomach cramps		
6. Relief of toothache		
C. Availability	What were some of the problems before narcotics were limited?	
	Why was opium so readily available during the 18th and 19th centuries?	Have the students read on the Opium War between England and China. Discuss in class the problems leading to the war, and the the new problems created after the war.
1. Legal	How many individuals obtain a narcotic drug legally?	
2. Inexpensive	What relationship is there between availablility and price?	
3. Sold in pharmacies and general stores	What are patent medicines? How were they named?	Make a list of all the patent medicines known to you or your parents.
4. Used alone or as components in pharmaceutical preparations or patent medicines	What are ethical drugs? What are proprietary drugs? Do patent medicines still exist? How are patent medicines controlled?	Have a student obtain some information from a local pharmacist on the many types of patent and "hard" drugs. Tape the interview. Have the class hear the information and have a follow-up discussion.

Content	Motivating Questions	Teaching Suggestions
D. Discoveries and inventions influencing the spread of narcotics		
1. Morphine (1805)	What were the early uses of morphine? codeine? heroin?	
	How was the opium alkaloid - - morphine–misunderstood and misused?	
	Why was morphine addiction termed "the soldier's disease" during the Civil War?	Research articles on the Civil War, prisoner-of-war camps, etc. Use special articles in "Life" and "National Geographic" to teach students. * A picture is worth many words.
2. Codeine (1832)	How was codeine misunderstood?	Discuss drug problems of the 1830's through the 1890's with their major accomplishments in medical science.
3. Hypodermic needle (1856)	Why did the hypodermic needle gain great popularity among physicians?	
	Did it enhance the drug problem?	
	When was the hypodermic needle introduced to this country?	
4. Synthesis of heroin (1898)		Research on heroin - as to its first discoveries, its uses, and its misuses; synthesis of heroin.
E. Medical view of the use of addicting drugs		
1. Addicting liability not understood by the medical profession	Why was it difficult for doctors to recognize the addicting qualities of morphine? codeine? heroin?	
2. Drug abuse in same category as alcohol abuse	Why was there a lack of distinction between indulgence in alcohol and morphine?	Contrast social attitudes towards alcohol and morphine during 19th and 20th centuries.

Content	Motivating Questions	Teaching Suggestions
	Why is alcohol one of the most dangerous drugs used today?	
	When was alcohol first introduced into the U.S.? tabacco?	
	Is alcohol the most abused of drugs? If so, why?	Show film: "Alcohol and You" Have students discuss the information learned from film.
	What were some social attitudes toward morphine addicts during the 19th century? in the 20th?	* available at the local Media Center.
III. During the late 19th century, the public started changing its attitude towards drug addiction	What are some factors which may influence the public's attitude towards drugs?	Using graphs, trace change in attitude towards drug addiction from 1890 to the present.
A. The use of opiate drugs generally not offensive before 1890	What are some factors which may make a drug offensive to the public?	
	Were addicts considered criminals during the 19th century? Today? Why?	Compare the mores of people as to people's attitude toward drug addicts in the 19th century, early 20th century and today.
1. Use of opiates prevalent among members of the middle and upper class	How can the use of drugs by members of a high socio-economic group affect public opinion? low-socio economic group?	
	Is the use of drugs limited to certain levels of society? Was it ever?	Have a report illustrating and describing an opium den in the orient and compare it with an opium den in America.
2. Addicts more pitied than condemned	Why were addicts more pitied than condemned?	
3. Opium smoking associated with Chinese laborers	Why would visions of an opium den be repulsive to the American public?	

Content	Motivating Questions	Teaching Suggestions
4. Public apathy due to ignorance of narcotic addiction	Why is education the surest safeguard against drug abuse?	
	What problems can you foresee in adults trying to educate teenagers about the dangers of the drugs?	Discuss the steps to becoming an addict, and describe how easy it is to become addicted, and how hard it is to get rid of the drug habit.
	Why do some teenagers reject advice from their elders?	Discuss some of the problems an addict might face.
	What is the "generation gap"?	
5. Relief of pain and no cure	Did narcotics relieve pain?	
	Did patent medicines cure?	
B. Public attitudes toward drug addiction after 1890	What tools are there today that may be used to mold public opinion? in the 1890's?	Make a Current Events corner - cut out drug related stories.
	How did public opinion differ after the turn of the century?	
1. Physicians cognizant of destructive nature or narcotic dependence; widespread publicity of their findings	What caused a change in the attitude of physicians and law enforcement officials toward narcotics?	Make a bulletin board display of newspaper stories which show how doctors disagree among themselves over certain drugs!
	How did physicians come to recognize the dangers of narcotic dependence?	
	Do physicians disagree among themselves over controversial drugs?	
2. Publicized personal accounts from addicts	Can personal interviews with a known addict be of great value to potential narcotic users? How?	
3. Alarming sensational newspaper account of addiction among young peopl	What is the danger of the spread of misinformation? Were and are some newspapers just interested in selling papers?	Have students bring newspaper clippings on the misuse and abuse of drugs by teenagers.

Content	Motivating Questions	Teaching Suggestions
4. Information and misinformation	Are there similarities between early prohibition, pro-alcohol proponents, and those who would legalize marihuana today? Are there differences?	
IV. The change in public attitudes toward drug addiction led to the passage of laws in order to control the use of drugs	How does the public let its lawmakers know how it feels? What factors influence our lawmakers as to how they vote? What is a pressure group? What is a lobbyist?	Have a student make a report how public pressures can influence congressman to pass legislation to curb the sale of drugs.
A. Laws before 1914		
1. Some states made weak attempts at controlling narcotics.	What was the Food, Drug, and Cosmetic Act of 1907? How did it affect drug consumption?	Make a report on the Food, Drugs, and Cosmetic Act of 1907. Have a discussion after report is given to class.
2. The first Federal attempt to control narcotics came in 1909.		
3. By 1912, all states and many cities had laws governing the prescribing and selling of opiates.	Why have states decided to pass legislation of drugs? Is this the same as the federal laws? Does it mean that we are being tried twice on the same crime? Which state was first in passing laws governing the sale or prescribing of opiates? What were some state laws governing the sale of prescribing of opiates?	Attend a trial by jury where the defendant is a drug pusher or violator. Instruct students to develop a glossary of terms covered in this unit so far.

Content	Motivating Questions	Teaching Suggestions
B. The Harrison Act (1914) - This act sought to control the production and districution of narcotics.	What led to the development of the Harrison Act? What was the Harrison Act? What was its original purpose? How has the interpretaion of this act by the courts changed the Harrison Act's meaning? Did the Harrison Act make addiction illegal? What drugs were covered under the Harrison Act? Were narcotics covered? hallucinogens? barbiturates? marihuana? amphetamines? solvents?	Have a student make a report on the provisions and regulations under the Harrison Act of 1914. Have students discuss the law as to weaknesses and strengths.
C. Laws after 1914 - court decisions greatly limited the role of the physicians in prescribing narcotics to addicts.	Why did it become necessary to have some drugs only on a prescription basis?	
D. Results of legal controls		
1. Addicts now considered criminals	Is an addict necessarily a criminal? Are all criminals addicts? Are all addicts criminals?	
2. Doctors not treating addicts	What alternatives are open to an addict that voluntarily comes to a doctor for treatment?	
3. Underworld market major source of supply	Why was the underworld not connected with drugs before 1914 in the U.S.? When did the underworld become involved?	Discuss the reasons why illicit narcotic drug traffic exists at all levels?

Content	Motivating Questions	Teaching Suggestions
4. Linking of addicts with criminals by public	How does the "law of supply and demand" fit the drug scene and the involvement of organized crime? Why does the public link the addict to crime?	
5. Rising costs due to stealing by addicts	What is the cost of supporting a heroin habit? What is a fence?	Discuss the tremendous cost of narcotic drugs. (Authorities estimate that an addict needs about $21,000 a year to support his habit.)
6. Crackdown on addicts and pushers in order to crush the illegal traffic in drugs	What disadvantages are there in treating an addict as a criminal? Are there any advantages in sending addicts to prison? a pusher?	
7. International treaties (see World History section of guide)	Have international efforts to curb traffic been successful? What were some early attempts?	Trace the development of international efforts which have been made to control the illicit traffic in drugs.
8. Vigorous federal, state, and local law enforcement	What efforts are being made at the Federal level in educating the public on drug abuse? at the state level? at the local level?	List the various law enforcement agencies charged with enforcing drug laws: national, state, county, and local. Have a federal agent speak to the class.
9. Expanded drug abuse education at all levels	What might be some parental opposition regarding the teaching of drug abuse to school children?	Have a doctor speak on the physical and mental dangers.
10. Marijuana Act of 1937		
11. Drugs during World War II	Has war ever stimulated invention? in the field of medicine? use of drugs?	Give some examples of inventions (medical) that have been stimulated by war.

Content	Motivating Questions	Teaching Suggestions
12. Increased development and use of drugs in medicine 1950-present	How do doctors learn about medical advances?	
13. Popularity of LSD-hallucinogens going back to 1939	What is LSD? What effects does it have on the body? When was LSD discovered?	Discuss reasons for the sharp and continued increase of LSD use especially among young people.
14. Involvement of drugs and chemicals in our society in the 60's	What other drugs emerged on the scene during the 1960's?	
15. Drug abuse control amendments of 1966	What are drug abuse control amendments?	
16. New Texas Laws	What are some Texas Laws relating to drug abuse?	Focus a display on Leary's trials, convictions, re-trials, etc. (Discuss Timothy Leary's two trials in Laredo, for a local twist.
17. Vietnam War	Do American service men use marihuana and other drugs in Vietnam?	Find evidence through periodicals where American servicemen are found to have used drugs in Vietnam.
18. The Laredo Drug Project 1969	Locally, what is the Laredo Drug Project? How did it originate? Who is its director?	
19. Project Intercept-Laredo border and Mexico 1969	What was Project Intercept? Did it work?	Talk about the international crises through the years, to show one reason for the dissatisfaction of the young. Pin up newspaper headlines and stories on Project Intercept.
20. Project Cooperation-Laredo and Mexico 1970	What is Project Cooperation? What are blitzes?	

Content	Motivating Questions	Teaching Suggestions
V. Enlarged experience, increased knowledge, and new conceptions have resulted in conflicting views of the problem.	How has the public become more aware of the drug problem? Of what value is newspaper reporting? What was the White House Conference of 1962?	Use magazines and newspapers to advantage in a research drive to show a change of attitude on the part of the government, the states, and localities.
A. Addiction viewed as a crime	What efforts are being made to change the methods of dealing with the narcotic problem?	
1. Varying punishment measure		
2. Varying public opinions		
B. Addiction viewed as an illness		
1. Rehabilitation centers on the rise		
2. Countries, such as Great Britain, being studied	How did Great Britain come to have the laws towards drug addiction that it has? What is the attitude towards drug addiction in Great Britain? Are there advantages to its method of treating drug addicts? disadvantages?	Trace Great Britain's laws and methods.

TEACHER'S NOTES

CIVICS

INTRODUCTION TO LEVEL IV CIVICS

Drug education has been approached from different angles, in different situations, and from different agencies. The purpose of the following outline is to serve the teachers of Senior Civics Classes with suggestions in educating individuals as to how the law can affect them in regard to drugs and narcotics. These laws are not unique from other laws passed to regulate actions of our society. Our drug and narcotic laws were brought about to protect our society from abuses and misuses of drugs and to provide a means for development, safe production, and distribution of safe effective drugs.

The abuse of narcotics and drugs is a monumental problem to society; and by stressing in this discipline solely the legal aspects, we do not mean to imply that the physical and harmful effects of drugs should be minimized in the course of your class activities. However, the civics curriculum automatically lends itself to the legal aspects of the drug problem.

The activities and assignments outlined in the following suggested curriculum are meant to allow the teacher ample room for imaginative and resourceful details introducing the legal aspects of the drug and narcotics problem into the civics classroom. The introduction does not deal specifically with drugs but with law in general. It is felt that an understanding of the necessity of law is essential in acquiring respect and obedience for laws dealing with drugs and narcotics. At the conclusion, there is Civics Appendices A and B which will prove useful in the legal aspects of drug abuse.

Our goal remains the same - - to teach and to give factual answers to the students in a classroom situation instead of letting them find out for themselves in other places, after it is too late or after the damage has been done.

GENERAL OUTLINE

CIVICS

Concept: Individuals must recognize the dangers that result from not understanding the moral and legal aspects of drug abuse.

I. Laws are established for the protection of the individual.

II. The legal use of drugs is beneficial to mankind.

III. Anti-drug laws were passed because of pressure and change of attitude toward drugs.

IV. Drug legislation exists at all levels of government.

V. Implications for violations of drug laws are numerous.

VI. The amendments to the Constitution have an application to the use, misuse, and abuse of drugs.

VII. You have responsibilities as a citizen.

VIII. Appendices

  A. Federal laws
  B. Penalty chart

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

Concept: Individuals must recognize the dangers that result from not understanding the moral and legal aspects of drug abuse.

Grade Level: IV - Civics

Content	Motivating Questions	Teaching Suggestions
I. Laws are established for for the protection of the individual.		
A. Formation	What is law?	Students should define law. This could be achieved by writing words - "Law is . . . . " - on chalkboard and having students volunteer answers.
B. Necessity	Should you obey a law even though you feel that the law is wrong?	Have show of hands as to the students that would obey a law when they think it is wrong and those that would-not. Discuss this question emphasizing that respect for law is essential in an ordered society.
	Why have law?	Discuss meaning: a. Laws are society's rule for the common good. b. The more complex a civilization, the more important laws become. Develop concept that laws are needed. a. To protect the individuals liberty. b. To maintain order and allow progress. c. To protect society from harmful acts of individuals. d. To promote the general welfare and justice. Invite English teacher to compare and contrast the following two poems. a. John Stuwart Mill's "On Liberty" b. John Donne's "Devotion"

Content	Motivating Questions	Teaching Suggestions
		Correlate the author's works with concept that laws are for the "common good" [In our complex and interdependent world, there is rarely an act by one which does not affect the other. Theme - "No Man Is an Island"]
	Should law affect your life?	Ask students to list ways in which laws affect their lives from birth through death. Clarify misconception that law not only affects criminals but affects each and every individual.
	What is the purpose of law?	Have students draw cover for drug notebook utilizing theme "The Law Protects You."
	Why is a society dependent upon law and its observation and enforcement for its very survival?	Read Lord of the Flies by William Golding available at Martin High School Library (Without laws our society would turn to chaos.)
		Should show filmstrip: You and the Law, L.I.S.D. Media Center.
C. Application	Why have punishment for violation of laws?	Discuss: Why punishment? 1. retaliation 2. deterrance 3. removal from society 4. rehabilitation 5. vindication 6. retribution 7. penitence 8. neutralization
		Have students locate above words in dictionary. Write meaning of each in relation to why we should have laws.
	If arrested, what are the fundamental rules of American justice?	Complete listings and illustrations in The Law and You, published by Channing Bete Co. Available at L.I.S.D. Media Center.
II. The legal use of drugs is beneficial to mankind.		

Content	Motivating Questions	Teaching Suggestions
A. Basis for legality	Are drugs used legally?	Ask a physician or other competent resource person to visit a class and discuss the beneficial aspects and legal use of drugs and narcotics and the harmful effects if improperly used. Have students list ways in which man is aided by drugs. See Appendix B at conclusion of Civics section of guide for drugs listed that can be used legally.
B. Legal use of drugs in hospitals and by doctors	What laws govern the use of drugs and narcotics in hospitals?	Have several students representatives contact local hospital for information concerning this and report findings to class.
	What is a citizen's legal right if addiction originate in a hospital as a side effect of a cure?	
	Is a doctor restricted in prescribing drugs? How?	
C. Legal use of drugs commercially	Who determines what drugs can be sold "over-the-counter"?	Stress that before any new drug can be offered commercially, it is reviewed by the Food and Drug Administration (F.D.A.) for safety and effectiveness.
	Why is it against the law to sell prescription drugs without the prescription?	Point out that the criteria for placing a drug in the prescription category is its ability to be used safely and effectively only when its use is supervised by a physician. Potent drugs are required by law to be sold only by physician's prescription. Label by law must state this.
	Who has the responsibility of warning the consumer?	Invite a druggist to be guest speaker. Stress should be placed on recent laws concerning labels and warnings required. Point out that court decisions recently passed held that the manufacturer's responsibility is to the physician who in turn is responsible to the consumer.
	What information is required by law on "over-the-counter" drugs?	Teacher should bring to the attention of the class that in 1961 the FDA passed a ruling which required the following information to be included: 1. the name of the drug

Content	Motivating Questions	Teaching Suggestions
		2. description 3. actions 4. indications 5. adverse reactions 6. contradictions 7. warnings 8. precautions 9. dosage or method of administration
	What statutes govern the passage of "over-the-counter" and prescription drugs from foreign countries to the United States?	Invite custom official to speak to class on transportation of drugs across borders.
III. Anti-Drug laws were passed because of pressure and change of attitude toward drugs.		
A. Compliance with society's need.	Why was there a need to enact laws regulating drugs?	Relate, summarize, and reinforce information learned from questions on formation and necessity of law. Discuss idea that drug problems existed before drug laws. The laws were passed to keep the problems from reaching maximum potential. [Analogy traffic speed laws. Although some drivers still speed, speeding has been greatly suppressed because of the existing laws.]
B. Origin of anti-drug laws	Is the drug problem unique to this generation?	Explore the fallacies of the idea that this problem is related only to their age (students). Utilize social studies guide to explore history of usage of drugs. For background material, have students write paper on civilizations of world with emphasis on United States and their problems and solutions concerning drugs.
IV. Drug legislation exists at all levels of government.		

Content	Motivating Questions	Teaching Suggestions
A. Local	To what extent are narcotic and drug laws violated locally?	Compile notebook relating to local cases involving narcotics.
	To what extent has the problem increased?	Invite a member of the District Attorney's Office to discuss the increase in narcotic violations.
	Who enforces our narcotic and drug laws locally?	Invite Sheriff to expound on enforcement in our community.
	What can we do to improve the local situation?	Activities assigned to develop this area may vary accordingly. An example would be the inclusion of the teaching of the use, misuse, and abuse of drugs in the school curriculum.
	What is the local school policy concerning dangerous drugs, narcotics, alcoholic beverages, and tobacco?	Policies will vary according to community. For Laredo, see policy of Laredo Independent School District in Appendix at back of guide.
	What is the Laredo Drug Project?	A field trip to Laredo Bridge System could be included to consult with customs officials about drug projects.
	What was Project Intercept?	If possible have students bring in articles concerning Project Intercept? Find information on amount of smuggling between United-States and Mexico's border.
	What is Project Cooperation? How does it differ from Project Intercept?	
	Is methadone used locally as a method to cure drug addiction?	Invite physician or person under methadone treatment to relate experiences with this cure.
B. State	What constitutes a state narcotic violation?	Have students write to State Legislature for information on recent legislation about drug laws.
		Attend state court to observe a trial concerning drug violation. See Appendix entitled "State Laws" for complete listing.
	Should all state laws be uniform in regard to narcotic and drug abuse?	Point out that many states have adopted acts similar to federal laws, especially the Harrison Act and the Drug Abuse Control Act.

Content	Motivating Questions	Teaching Suggestions
	What factors influence our lawmakers to pass laws?	Have State Representative speak to class about drug legislation. Emphasis could be placed on reasons for passage of legislation concerning drugs.
	Should state laws regulating marihuana be revised?	Explain chart on "How a Bill Becomes a Law" in the State. Have students prepare chart showing how this is accomplished.
		Divide students into groups to discuss laws they would pass or repeal relating to the use of drugs if they had the authority.
	Why are some drug cases tried in state court while others appear before Federal court?	List and explain the jurisdiction of state and federal court.
	What constitutes possession according to State law?	
C. National		
1. History of federal laws	What constitutes a federal narcotic violation?	Class should attend case concerning drugs in federal court.
	Which were the first laws concerned with drug abuse in the United States?	See Appendix A at conclusion of Civics section of outline for federal laws.
		From information from Appendix A, lecture to students on history of United States narcotic legislation.
	Which was the first federal attempt to control drugs?	Have student prepare research paper on earlier laws concerning drugs.
	What is the Harrison Act? a. purpose? b. drugs covered?	Have a mock trial. The case should deal with violation of Harrison Act.
	What group of drugs are classified as dangerous drugs under the DACA?	

Content	Motivating Questions	Teaching Suggestions
	What is the legal status of marihuana?	For Marihuana Act, see Appendix A at conclusion of Civics section of guide.
	Is glue-sniffing covered under Federal Narcotic and Drug Acts?	
	What constitutes possession?	Teacher should stress that answer as it is an important question for teenagers - who associate with users. Possession of any amount of dangerous drugs or narcotics is a crime. Even though a person may not have used the drug or touched it, it can be considered possession if drugs are found in your house or automobile. Possession of instrument to administer drugs such as a hypodermic needle is also against law.
	What is the punishment for possession?	
2. Federal law involved with violation of drug acts.	Is violation of drug laws criminal or civil law?	Discuss difference between civil and criminal cases.
	Does violation of federal drug laws constitute a felony or misdemeanor?	Discuss meaning of felony and misdemeanor. See federal laws in Appendix A of Civics section.
3. Re-evaluation of laws	Should we distinguish between marihuana and "hard" narcotics in our laws?	Have students write to United States Public Health Service and the National Institute of Mental Health for information on recent research relating to marihuana. Show film "Marihuana". Available L.I.S.D. Media Center (No. 920)
	Should laws against the use of marihuana be re-evaluated?	Debate: Should Marihuana be legalized?
	Should we change use of other narcotics from felony to misdemeanor?	Read "Marijuana, The Law vs. The People" LIFE, (October 31, 1969) p. 34 by Dr. James L. Goddard. Show film "LSD: Insight or Insanity" Available L.I.S.D. Media Center (No. 922)

Content	Motivating Questions	Teaching Suggestions
4. Problems involved with re-evaluation and lessening of penalties.	If marihuana is legalized - a. At what age could one purchase it? b. Who could sell it? c. Who would have determined if it could be legalized? d. Would the people currently serving sentences for violation of marihuana laws be released? e. What other problems may be expected from legalization of marihuana?	Have students answer and discuss questions.
5. Federal rehabilitation	What has the Federal Government done to rehabilitate narcotic and drug addicts?	Point out that the U.S. Public Health Service operates two hospitals. 1. Lexington, Kentucky, for men, women, girls. 2. Forth Worth,Texas, for men. The Narcotic Addict Rehabilitation Act of 1966 is included at conclusion of guide.
6. Federal Education	What efforts are being made to educate the public on drug abuse?	Students should view television commercials concerning warnings and the stating of laws concerning drugs. Students can bring in material from magazines, public documents, pamphlets, and illustrated materials. Discuss propaganda and its effect.
7. Federal law enforcement agencies	What are federal law enforcement agencies?	Point out that they include the following: 1. Federal Bureau of Narcotics 2. Food and Drug Administration 3. Bureau of Customs Students could write to above for information.
8. Comparative British system	How does the British system of Narcotic Control differ from United States?	For information review Drug Abuse: Teenage Hangup by Donald J. Merki, Ph. D.
	Has the British System been more effective than the United States system?	
D. International	Are there any international laws and enforcement agencies that deal with drug regulation?	Discuss INTERPOL. Point out that since 1914, the International Criminal Police Organization (INTERPOL) has functioned to prevent international crime (narcotic smuggling) and to encourage co-operative effort between police agencies of different countries.

Content	Motivating Questions	Teaching Suggestions
		More than 60 countries belong to this organization whose headquarters are in Paris.
	What problems arise due to this traffic?	
	What was the International Opium Convention of 1912?	Stress that this was the first major successful effort to control-sale of opium.
	How could international smuggling be controlled?	Discuss the feasibility of one center to distribute opium according to each country's need.
	How is the United States involved with other countries in its drug problem?	Point out that France (especially the Marselle area) serves as a lab where poppy harvest from Turkey, Afganistan, Iran, and elsewhere, are converted into heroin and destined for United States.
	What organizations are working on this problem?	Teacher should point out that the following organizations are: 1. The United Nations Commission on Narcotic Drugs. 2. World Health Organization on addiction Producing Drugs.
	What is the role of the United Nations in relation to the control of drugs?	Discuss the following: 1. The United Nations Commission on Narcotic Drugs, the supervisory and policy-making body surveys activity in all countries, recommends improved control measures and appeals for public support. 2. The Expert Committee on Drugs liable to Produce Addiction jurisdiction is medical phases of addiction. 3. The Drug Supervisory Body and the Permanent Central Opium Board work together on statistics and estimates of the various governments. 4. The Division of Narcotic Drugs - one part of the United Nations Secretariat - trys to implement treaties, plans more effective measures and concerns itself with scientific research.
V. Implications for violations of drug laws are numerous. A. Obvious	What can happen if one is convicted?	Violation involves 1. fines 2. imprisonment 3. loss of business 4. embarrassment 5. loss of friends

Content	Motivating Questions	Teaching Suggestions
		6. loss of license 7. suspension from school 8. fingerprinting, questioning, detention by law officers 9. police record 10. deportation, if alien
	Are addicts considered criminals?	
B. Less obvious	What are some of the less obvious legal implications of drug abuse?	For answers, refer to Drug Abuse: A Course for Educators, Copyright 1968, by Melvin H. Weinswig, Butler University, P. 114-116. Available L.I.S.D. Media Center.
	Does a person under the influence of drugs have the capacity to commit a crime?	
	Is a confession admissible as evidence if given when under drug influence?	
	Can drug-induced, temporary insanity be a defense to a crime?	
	Suppose a drug abuser applies for insurance and says he doesn't abuse drugs, can he collect on this policy?	
	Can one be tried for libel for referring to a person as a drug addict?	
	Is using the highway while under the influence of drugs against the law?	
	Can you be considered a competent witness under the influence of drugs?	
	Can aliens be deported for violating State and Federal Narcotic Acts?	

Content	Motivating Questions	Teaching Suggestions
VI. The amendments to the Constitution have an application to the use, misuse, and abuse of drugs.		
A. First Amendment	When could the first amendment be applied?	Develop the concept that when and if a drug becomes well known and facts may show that its use is not harmful to user or others, first amendment could be invoked (First amendment throws its shadow to protect intimate privacy from government intrusion.)
	Can drugs be justified on religious principles?	Discuss Timothy Leary's case. The Fifth Circuit Court of Appeals concluded that the first amendment was not violated although use of marihuana was part of his religious belief. Religious freedom must be weighed against public interest and congressional power to pass laws. It should be noted that the freedom to believe is absolute while the freedom to act may be controlled.
	How can use of peyote by Indians be justified?	
B. Fourth Amendment	Can a person be tried for possession of narcotics if search warrant is used to locate stolen goods and narcotics are found?	Have police officer or lawyer report on laws connected with searches and seizures.
	Is evidence obtained from illegal search and seizure admissible in court?	Review Mapp vs. Ohio
	What is the "no knock" provision?	Debate is the "no knock" provision constitutional.
C. Fifth Amendment	Is the narcotic tax valid?	Discuss Timothy Leary's case (1970). [Federal narcotic taxes are constitutional except when the payment of them exposes a person to prosecution under state narcotic taxes.]
D. Eighth Amendment	Is the penalty for marihuana "cruel and unusual" punishment?	Have class debate this question.
E. Eighteen and Twenty-first Amendments	Are there any similarities between prohibition of alcohol and narcotics?	

Content	Motivating Questions	Teaching Suggestions
VII. You have responsibilities as a citizen		
A. To yourself	Do addicts generally turn to crime and become useless citizens?	Invite a juvenile or probation officer to speak on correlation between drugs and crime.
		Have students form buzz groups to discuss what should you do as a responsible citizen if you attend a party to find several persons using Marihuana, LSD, or speed and urging others to do likewise.
	In a nation where laws are made by your elected representative to protect you, what is your responsiblity?	Discuss responsibility as a citizen to 1. Know and obey laws (ignorance of law is no excuse) 2. Know your civil rights 3. Help make better laws.
	Why are you taking a chance being with kids who smoke marihuana, even if you do not yourself?	Discuss the following: Is it possible to say no to situations in which you might be breaking the law, and at the same time remain "in" with your group? If you had to choose between breaking the law and being "in" with your group of friends, which would you choose? Why?
B. To your family, friends, school.	When a person uses drugs illegally is it his own business or the concern of everyone?	Invite a former addict (teenager if possible) to speak to class as to his acceptance in society. Approach this activity with caution and avoid a backfire by preparing!
	Do you alienate yourself from your family when you use drugs?	
	How are drug users considered by their peers?	Take a survey (non-identifying) of students that have taken drugs and their reaction to students that are users.
	What should you do if you find that a classmate is using marihuana, sniffing glue, taking LSD or some other narcotic?	Have students write script with this question as a basis. Every student should incorporate his own feelings, solutions and conclusions in the play. Select several and have students take parts of characters involved.
	Is the drug rebellion a rebellion against hypocracy of others (perhaps friends and family)?	Use the inconsistencies ofadult behavior to elicit discussion of breaking the law, drinking, smoking, cheating on income tax and fishing and hunting limitation laws.

Content	Motivating Questions	Teaching Suggestions
	What can you do as an individual for your friends and school?	Teacher should organize a school assembly program concerning abuse of drugs. Have interested students as well as experts in the community participate in this activity. Students will rebel against a negative approach. Present facts that can be substantiated.
C. To your community	Are pushers interested in society?	
	Would you consider "pushers" to be law abiding citizens?	
	How can an individual help his community?	Students should contribute articles from newspaper for bulletin board display on community action against drugs. Have a poster or slogan contest on abuse of drugs. Display them for community. Encourage (by writing letters) community health centers to take an increasing interest in drug abuse problem.
	Do state laws and city ordinances provide police officials with necessary rules and regulations to combat drug abuse?	Point out students should support police by insisting that policeman in community receive training session on dangerous drugs. If laws are inadequate, class could work as a group to notify community officials of this.
D. To your country	Do you think that the indiscriminate use of drugs can destroy society?	Discuss questions.
	Why do we as a society stress education?	
	Can a government be undermined by the abuse of drugs?	
	Is there a correlation between growing abuse of drugs and crime in U.S.?	Read Criminal Abuse of Dangerous Drugs by Dr. James L. Goodard. Available L.I.S.D. Media Center. [Heroin costs $30 to $50 a day for an addict. To acquire this money, an addict must steal objects worth five times that amount.]
	If one is dissatisfied with the country o world, are drugs the answer?	

APPENDICES

FOR

CIVICS SECTION

VIII.
CIVIC'S APPENDIX A

FEDERAL LAWS
HISTORICAL OUTLINE OF UNITED STATES NARCOTIC LEGISLATION

1. Act of February 9, 1909

On February 9, 1909, Congress passed legislation providing that opium as well as preparation and derivatives thereof, other than smoking opium prepared for smoking might be imported for medicinal purposes only. This law made it unlawful to import smoking opium into the United States after April 1, 1909.

Congress before had taken practically no notice of the opium traffic in the United States, except to place a dollar a pound duty on gum opium and a six dollar a pound duty on smoking opium in 1870, and to double the duty and tax its manufacture at ten dollars per pound in 1890, with the added provision that persons who are not citizens should not engage in its manufacture. The Act of February 9, 1909, was to become a forerunner of far reaching laws for the control of narcotics.

2. Three major laws were enacted in 1914.

To carry out the provisions of the Hague convention of 1912. which was new in international law and therefore needed new legislation in the participating countries, the United States Congress in 1914 enacted three laws of major importance dealing with drugs.

a. On January 17, 1914, Congress amended the Act of February 9, 1909, by providing in part, that on and after July 1, 1914, all smoking opium or opium prepared for smoking, found within the United States should be presumed to have been imported after April 1, 1909 and the burden of proof should be on the claimate or the accused to rebut such presumption. It also contained other provisions.

b. Januray 17, 1914, Congress also passed the Smoking Opium Act, fixing the tax on all such opium manufactured in our country at $300-per-pound; in essence prohibiting its manufacture.

c. Harrison Narcotic Law was enacted December 17, 1914. This law was enacted to carry into effect the agreement "to limit exclusively to medical and legitimate purpose the manufacture, sale, and use of morphine, cocaine and their respective salts" under the Hague convention. It is a tax measure designed to control the importation, manufacture, production, preparation, purchase, sale, distribution, or gift of opium and its derivatives. It requires registration and payment of an occupational tax of all who deal in these substances. This act limits sales or transfers to registrants using official order forms, allowing exceptions only for legitimate medical or dental practice. Federal courts have maintained that despensing of drugs to an addict merely for the gratification of addiction is not legitimate medical or dental practice.

The penalties under the Harrison Act are strict, especially for the pusher or seller of drugs. Illegal sale of narcotics carries a maximum of $20,000 fine and a five to twenty year prison sentence. Selling of narcotics to a person under 18 years carries a penalty of imprisonment from ten to forty years and a maximum fine of $20,000. Other narcotic offenses have less severe penalties. For example, illegal possession of narcotics is punishable by fine and/or imprisonment for two to ten years first offense, for the second offense five to twenty years and for subsequent offences ten to twenty years.

3. Narcotic Drugs Import and Export Tax.

This is a reenactment and revision of an earlier law. This act limits the importation of crude opium and coca leaves to amounts deemed necessary for medical and scientific needs and specifically prohibits the importation of opium for smoking or for the manufacture of heroin.

In 1924, this "Import and Export Act" was amended to prohibit entirely the importation of opium for the manufacture of heroin. The effect of this legislation was particularly to outlaw in this country the dangerous habit - forming drug - heroin.

4. May 11, 1930.

On this date a law was passed by Congress prohibiting and severely penalizing the introduction of any narcotic drug into or upon the grounds of any Federal penal or correctional institution.

5. On June 14, 1930, Congress established within the Treasury Department a separate bureau for the administration of laws relating to the traffic in narcotic drugs to be known as the Bureau of Narcotics. Two hospitals were established by the Narcotic Hospital Law–One in Fort Worth and the other at Lexington, Kentucky.

6. February 18, 1931, Congress enacted legislation directing the deportation of aliens who should be convicted and sentenced for violation of or conspiracy to violate any Federal Narcotic drug law.

7. March 2, 1931, legislation was enacted providing that when a Federal prisoner is an alien and subject to deportation, the Board of Parole may authorize the release of such prisoner after he shall have become eligible for parole, on condition that he be deported and remain outside the United States and all places subject to its jurisdiction.

8. Marijuana Tax Act of 1937 governs marijuana. Although all States in the United States had promulgated laws to suppress the illicit traffic in marihuana due to a rapid spread of marihuana which had developed. Congress recognized the necessity of placing the drug under Federal control.

9. Federal Food, Drug and Cosmetic Act of 1938 is our basic law applying to drugs. This law defines drugs and sets standards for the manufacture and distribution of drugs. It provides

that adulterated, misbranded or counterfeit drug products may not be sold. New drugs may not be introduced into interstate commerce unless an application to do so is approved. The drug product must be proven safe, to get this approval. Drugs containing insulin and certain antibiotics and vaccines must be tested and certified before sale. Wholesalers and manufacturers are required to register. The act required the FDA to enact each establishment at least once in every two-year period. The FDC Act also defines what a prescription drug is and explains it must be handled differently than drug products that are bought over-the-counter. Prescription drugs are labeled "Caution-Federal Law Prohibits Dispensing Without Prescription." Any substance falling within the definition of drugs is subject to the act.

10. Opium Poppy Control Act of 1942 was an important step in the field of narcotic law enforcement. It became effective February 9, 1943 and makes unlawful the growth of opium poppy for the production of poppy seeds.

11. July 1, 1944, Demerol, a new synthetic substitute for morphine was brought under control of Federal Narcotic Laws.

12. Harrison Narcotic Act Amendment, 1946, was amended to provide for administrative inclusion of synthetic substances having addiction-forming or addiction-sustaining qualities similar to morphine or cocaine.

13. November 2, 1951 a minimum-maximum type penalty for narcotic offenders was provided, increasing in severity for repeat offenders.

14. August 31, 1954 an amendment was adopted which permitted the Commissioner of Narcotics, with the advice of a specially designated committee, to establish an oral prescription procedure for narcotic drugs and compounds of narcotic drugs having little or no addiction liability.

15. Narcotic Control Act of 1956

> July 18, 1956. The President signed several new narcotic laws which were adopted unanimously by the Congress after a year long study by a subcommittee of the House, Ways and Means Committee and a subcommittee of the Senate Judiciary Committee. Among the many helpful tools for law enforcement contained in this Act are: mandatory mimimum penalties for illicit traffickers without benefit of probation or parole; authority for Federal narcotic agents to carry firearms and to serve warrants of arrest and search as well as authority to make arrest without warrants under certain conditions; requiring registration of addicts or convicted violators who cross over international borders; authority to establish a narcotic law enforcement training school for state and local police officers.

This act provides as penalty for the unlawful sale of narcotics or marihuana between adults first offense a sentence of not less than five nor more than 20 years, with an optional fine up to $20,000. No probation, suspension or parole is allowed. For the adult who in any manner furnishes heroin to a minor, the act provides for imprisonment from ten years to life with optional fines up to $20,000, or the death penalty if the jury so directs.

16. Narcotics Manufacturing Act of 1960.

April 22, 1960. The Narcotics Manufacturing Act was enacted to provide a licensing and quota system regarding the manufacture of both natural and synthetic narcotic drugs by the Congress. The Commissioner of Narcotics, by delegation from the Secretary of the Treasury, is given broad powers with respect to what drugs may be termed basic class narcotics and regarding the compounds of narcotic drugs which may be classified as exempt narcotic preparations.

17. Drug Abuse Control Amendments of 1965

The Drug Abuse Control Amendment to the Federal Food, Drug and Cosmetic Act applies to depressant and stimulant drugs, other than the narcotics, and to other drugs which are determined to have a potential for abuse because of their depressant, stimulant, or hallucinogenic effect on man. Barbiturates, Amphetamine, LSD, and other comparable drugs are included under these provisions and other drugs may be added as the need arises. These amendments place strict controls over the illegal manufacture, distribution, possession, or prescription of these drugs and increase the enforcement powers of Food and Drug Administration inspectors in dealing with infringements of the law.

Violators of this law are subject to a maximum penalty of one year imprisonment and a fine of $1,000 for the first offense, for a second offense and for willful violation, three years in prison and $10,000 fine.

If one distributes such drugs, there are special penalties involving distribution to people over 18 years of age who distributes drugs to persons under 21; the first offense is a penalty of two years in prison and a $5,000 fine; for additional offenses the maximum penalty is six years prison and a $15,000 fine.

CIVIC'S APPENDIX B

DRUG	LEGAL SOURCE	PENALTY for ILLEGAL POSSESSION
1. Amphetamine a. Benzedrine b. Biphetamine	1. Prescription	1. DACA*
2. Chloral Hydrate a. Noctec b. Beta-chlor c. Somnos	2. Prescription	2. DACA
3. Cocaine	3. Illicit	3. Harrison Narcotic Act **
4. Dextro-Amphetamine a. Dexedrine b. Synaton c. Appetrol	4. Prescription	4. DACA
5. Dimethoxymethy-Amphetamine (STP)	5. Illicit	5. DACA
6. Dimethyltryptamine (DMT)	6. Illicit	6. DACA
7. Ethyl Alcohol a. Beer b. Wine c. Whiskey, etc.	7. Varies by State and age	7.
8. Heroin	8. Illicit	8. Harrison Narcotic Act
9. Lysergic Acid Diethylamide (LSD)	9. Illicit	9. DACA
0. Marihuana (Cannabis Sativa)	10. Illicit	10. Marihuana Act (Similar to Harriso Act)
1. Mescaline	11. Authorized only for members of Native American Church (Indian)	11. DACA
2. Methamphetamine a. Desoxyn b. Methedrine c. Ambar	12. Prescription	12. DACA
13. Morphine	13. Prescription	13. Harrison Narcotic Act

DRUG	LEGAL SOURCE	PENALTY FOR ILLEGAL POSSESION
14. Organic Solvents a. Model Airplane Glue b. Gasoline c. Aerosols etc.	14. Retail stores	14. None
15. Pentobarbital (Nembutal)	15. Prescripton	15. DACA
16. ecobarbital (Seconal)	16. Prescription	16. DACA

* Refer to explanation of DACA on following page.

** Refer to explanation of Harrison Narcotic Act on following page.

*DACA=Drug Abuse Control Amendment: regulates manufacture and distribution of stimulants, sedatives, and hallucinogens. First conviction, crime is a misdemeanor with fine up to $1,000 and/or imprisonment up to one year. Subsequent convictions, crime is a felony with fine up to $10,000 and/or imprisonment up to three years. Under circumstances, judges may impose more lenient penalties.

**HARRISON NARCOTIC ACT: regulates manufacture, distribution and possession of narcotics. Penalties range from 2 years to 40 years. imprisonment and fines up to $20,000.

Illegal sale of narcotics can result in $20,000 fine and a 5 to 20 year prison term for first offense. The penalty for selling narcotics to a person under 18 is imprisonment from 10 to 40 years and a fine no more than $20,000. Penalties for other narcotic offenses are less severe. For example, illegal posssession is punishable by fines and/or imprisonment for 2 to 10 years first offense, 5 to 20 years second offense, 10 to 20 years subsequent offenses.

TEACHER'S NOTES

BIOLOGY

INTRODUCTION TO LEVEL IV BIOLOGY

There are many thousands of drugs on the market today. Drugs are substances intended for use in the diagnosis, cure, treatment, or prevention of disease in man or other animals.

Most young people do not understand that the benefits derived from drugs can be equaled or exceeded by the dangers. Every drug that has a potential for good also has a potential for danger, and so the biological aspects of drugs center around pharmacology, the changes produced in living animals by chemical substances. Perhaps the most significant application of pharmacology is the study of the action of drugs. Therapeutics, then, is the most important end of pharmacology.

In the outlined presentation, it is assumed that the student's knowledge of anatomy, physiology, and physical science will dovetail into meaningful pharmacology.

It is hoped that the biology teacher will understand that this course of study is but a basic plan - - a basic draft which hopefully represents an effective and positive instrument by which a majority of high school students may be reached to the end that they might make judgments and decisions that are intelligent and reasonable in the hope that they lead more productive lives.

It is recommended that each teacher use as little or as much of the material herein contained in the best interests of the students.

As has been customary in the past in the majority of the standard biology courses, human anatomy and physiology are taught in the second semester, and so it is herein that drug instruction is placed. It seemed fitting to end the study of each one of the systems of the human body with a brief study of of the drugs (certainly not all of them) that affect each system.

A section entitled Resource Materials for Level IV Biology has been included in this Biology Drug Education Guide in order that the teacher easily and quickly make reference to a more detailed account of the topic under discussion. The specific terminology used within the guide and in the Resource Materials Sections has been defined and compiled in a glossary that is attached to the guide.

There are over seven thousand drugs available today, and so a select few have been chosen for instruction in each of the systems of the human body.

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

Concept: The biology student needs to gain some understanding of pharmacology and the therapeutic value of drugs in order that he be able to make intelligent judgments and decisions concerning their use.

Grade Level: IV- Biology

Content	Motivating Questions	Teaching Suggestions
I. Pharmacology provides an avenue of approach for drug instruction in biology:		
A. Integrating the body systems with drug instruction	What is pharmacology? How is pharmacology related to biology?	Discuss the relationship of pharmacology and therapeutics to biology.
B. Discussing therapeutics	What is therapeutics?	
C. Bringing into view the fact that there are approximately 7000 drugs with therapeutic value	What is the approximate number of drugs with therapeutic values? Why do we need so many drugs?	Ask a pharmacist or other resource person to visit class and discuss the pharmacological aspects of the drug scene.
II. Drugs may enter the body in a variety of ways.		
A. Tablet and capsule	How are the various drugs with therapeutic value administered into the body?	The common forms in which drugs come can easily be demonstrated to the class in the form of aspirin, cough syrup, nose drop, suppositories, and ointments.
B. Liquid	What difference does it make how drugs are introduced into the body?	
C. Suppository		The teacher may ask a local pharmacist to supply these materials for presentation before the class.
D. Injectable solution intramuscular.	Why are drugs introduced into the body in different ways?	
E. Ointment		

Content	Motivating Questions	Teaching Suggestions
F. Vapor for inhalation 1. Over-the-counter drugs 2. Prescription drugs	What are the two basic kinds of drugs? From a pharmacological standpoint, why do we differentiate between these two groups of drugs? Why aren't all drugs over-the counter? prescription?	
	What are the therapeutic values of over-the-counter drugs?	
	How important is the proper following of instructions found on the label of a medicine bottle?	This might be a good time to obtain some chemicals with therapeutic, value from the chemistry stock room and read their labels.
	Statistically, what number of American children die from aspirin poisoning?	Show film "How to Read Labels" (obtain from University of Texas, Audio-Visual Service Department).
	Is there any difference between habit-forming and addicting drugs?	Discuss the difference between addicting and habit-forming drugs, and their classification under the general term drug-dependence.
	What happens to a person who takes addicting drugs?	Continue with drug instruction when the systems of human body are to be studied.
	Does drug dependence include habit-forming and addicting drugs?	
III. Some of the drugs associated with the human skeleton include:		
A. Vitamins	Are vitamins and minerals considered drugs? Explain.	Characterize actions of vitamins, minerals, and hormones on the various body processes - - preferably through visual explanation.
B. Minerals		
C. Hormones 1. Parathormone or parathyroid hormone	What are hormones and how do they regulate metabolic processes?	

Content	Motivating Questions	Teaching Suggestions
2. Corticosteroids	What are corticosteroids?	
a. Adrenocorticotropin ACTH b. Cortisone	Can arthritis be treated by cortisone-like drugs?	Borrow some actual photographs or good drawings representing actual arthritic conditions from a local M.D.
c. Hydrocortisone	What are some of the synthetic drugs related to the corticosteroids?	Invite a member of the P. E. department to come to talk to the class about joint and ankle problems that sometimes befall athletes. Write the American Medical Association Section of Sports Medicine.
IV. Drugs used for muscles include those that:		
A. Reduce tension and rigidity	What are some of the drugs used to reduce muscular rigidity and tension? What are relaxants?	
Curare, also known as D-Tubocurarine or Intocostrin	Is there cause for taking them under close supervision of a physician?	The danger of respiratory arrest or respiratory depression may be discussed.
B. Reduce pain	What are some of the ways by which athletes relieve muscular pain?	
1. Aspirin 2. Liniments	How does a liniment that "produces" heat to the afflicted area relieve pain?	Some over-the-counter pain relievers may be mentioned at this point: such as Heet, Infra-rub, and Bengué.
(For more information in this area, refer to Resource Materials.)		
V. Some drugs used for skin include:		
A. Hormone creams and lotions.	How effective are hormone creams and lotions for the skin?	Have students obtain information on the ingredients of skin preparations and have them discuss their effects on the skin.

Content	Motivating Questions	Teaching Suggestions
	How can the individual determine whether or not a product is creditable?	
	While some of these substances are harmless, how may some of these products be harmful to the human body?	Have students bring some face creams which are used around the house.
	How are false advertising practices controlled?	Get copies of FDA Papers which contain much information on false advertising of skin preparation. (available at Resource Library, Media Center)
	What is royal jelly and what was it supposed to do?	
B. Aluminum salts found in some anti-perspirants	How do aluminum salts in some anti-perspirants affect the sweat glands?	Relate results occurring for not reading the labels on some advertised anti-perspirants.
C. Bleaching creams	What are the substances most commonly contained in bleaching creams?	Discuss possible allergic reactions in the use of bleaching creams.
D. Ointments which may contain a local anesthetic	How do certain sunburn ointments relieve skin irritations and localized pain?	Some commercial sunburn ointments may be brought to class and their ingredients brought into discussion.
1. Procaine 2. Benzocaine	What are procaine and benzocaine and how do they relieve pain?	
	Do they have an odor?	
E. Acne Medications	What is acne and why does it affect many young people?	Discuss factor that "oily" soaps are not as effective as "dry" soaps.
(For more information on the drugs used for the skin, refer to Resource Materials.)	What causes pimples and blackheads?	Discuss whether or not diet has anything to do with acne or pimples.
	Is there any medication that is scientifically effective in treating acne?	Some over-the-counter medications are quite harsh on the skin and so the importance of following a physician's directions should be emphasized. Emphasize the necessity of gentle cleansing.
	What are some of the harmful medications advertised for the treatment of acne? Why are they harmful?	

Content	Motivating Questions	Teaching Suggestions
VI. Drugs for the circulatory system act either on the blood, the blood vessel, the heart, or on those nerves which control circulation.		
A. Drugs that affect the blood		
1. Coagulants	What are coagulants and anti-coagulants?	
a. Thrombin		
b. Thrombofort	How should coagulants be used?	A local physician might be invited to discuss some of the workings of drugs in relation to the circulatory system.
c. Thromboplastin	What does the expression of "Topical coagulant" mean?	
(For a more detailed presentation on coagulants, refer to Resource Materials.)		
2. Anticoagulants	What is embolism?	The importance of the anticoagulants in post-operative and cardiac patients can be mentioned.
	Why is it dangerous?	
	What is thromboembolism?	
	How are heparin and dicoumarol used?	
B. Drugs used for blood vessels		
1. Vasodilators	How do vasodilators function?	
2. Vasoconstrictors	Are vasoconstrictors used in cases of shock? What is their action on the body?	Cases of shock which may follow accidents can be discussed in relation to vasoconstrictors.

Content	Motivating Questions	Teaching Suggestions
(For further information in this area refer to Resource Materials.)		
C. Some drugs used for the heart	What is angina pectoris?	
1. Digitoxin	What are cardiac glucosides (also called glycosides)?	Have a student do research work on the common foxglove, Digitalis purpurea, which is the source of three cardiac glucosides.
2. Gitoxin		
3. Gitalin		
(For additional information on drugs that affect the circulatory system, see Resource Materials.)	What is meant by a "principle" in connection with drugs of the heart? Why are most medicines, which are taken directly for the benefit of the circulatory system, prescription drugs?	
VII. Some drugs associated with the nervous system.		
A. Antibiotics	What relationship exists between bacteria, viruses, and antibiotics?	Students can be motivated into looking up the evolution and subsequent production of antibiotics.
1. Penicillin	What is Penicillin notatum?	The significance of these drugs can be appreciated by discussing mortality rates before and after they were discovered.
2. Streptomycin	How are the antibiotics obtained and how do they act?	
3. Terramycin	Was the first antibiotic accidentally discovered?	The accidental evolution and development of quinine makes a good point of discussion.
4. Chloromycetin	What is the parallel between penicillin and quinine?	
B. Antihistamines	Are antihistamines over-the-counter drugs?	
	What is the relation between histamines and allergies?	This is a good time to discuss allergic reactions such as hay fever and hives and related diseases, such as asthma, and fatal anaphylactic reactions.

Content	Motivating Questions	Teaching Suggestions
	How do the antihistamines affect the central nervous system?	
	Why do antihistamine drugs bear a caution label?	Suggest bringing some antihistamines to class and have the students read the caution on the label.
	What are the pharmacological effects of the improper use of antihistamines?	
C. Cough medicines	Do cough medicines, usually intended for severe coughs, contain a sedative or narcotic?	Show the film entitled, "Drugs and the Nervous System:" (from State Dept. of Health)
	Is codeine, a common ingredient of cough medicines,a narcotic?	This is a good time to introduce narcotics in general as they will be discussed more in detail in another section.
	How does codeine affect coughing?	
	How does codeine affect the central nervous system?	
	What is elixir of terpin hydrate?	
	Does codeine sulfate cause true addiction?	
D. Aspirin	What is acetylsalicylic acid?	
	What is meant by terms analgesic, antipyretic, anti-rheumatic?	
	What are some of the consequences of taking doses of 10 to 30 grams of aspirin?	Have a student report on the human toxicity involved in the ingestion of large doses of aspirin.
	How is the use of aspirin controlled?	
	What are the dangers of aspirin combined with the use of sedatives? stimulants? other drugs?	

Central	Motivating Questions	Teaching Suggestions
VIII. Drugs are associated with the digestive system.		
A. Antacids	How are disorders of the digestive tract treated with antacids?	There is an array of antacids available as over-the-counter drugs, some of which may be brought to class for purposes of discussion.
	What are some of the common causes of indigestion?	
	Do people need drugs to control digestion?	
(For more detailed presentation on the digestive system, refer to the Resource Materials Section.)	How do emotional upsets affect digestion?	The effect of the status of the central nervous system on digestion can be discussed here.
	Do proper eating habits play a major role in preventing indigestion?	
	Why should a physician be consulted when there is persistant indigestion?	Discuss with the students the frequency of advertisements on T.V. and in newspapers concerning digestive ailments and discuss the accuracy of such claims.
		Have students bring advertisements to class and discuss their accuracy.
B. Cathartics	Whatisa cathartic?	
	Why shouldcathartics be taken only upon the advice of a physician?	
	When should cathartics be taken?	The significance of not taking cathartics when there is abdominal pain can be discussed here.
	Can rupture of the appendix be prompted by taking a laxative?	A physician or a pharmacist should be invited to talk to the class about the three general types of cathartics and related topics.
C. Adsorbents and anti-diarrheal preparations	How are adsorbents and anti-diarrheal preparations used?	

Content	Motivating Questions	Teaching Suggestions
1. Kaolin	What are antispasmodics?	
2. Pectin	Are these over-the-counter products?	
(For more information, refer to the Resource Materials Section.)		
IX. Drugs are frequently used for or associated with the nervous system.		
A. Depressants		
1. Barbiturates	What are barbiturates?	Invite a physician to lay the groundwork for the discussions that will follow this subject area.
a. Phenobarbital	What is the chemical source of barbiturates?	
b. Secobarbital	What are some other uses of barbiturates besides their use as sedatives?	Have a student look up some of these barbiturates in the Merck Index (voluminous pharmacological source) and have that student discuss human toxicity.
	Does continued use of barbiturates lead to habituation? addiction?	
	Can an individual become psychologically and physically dependent on the barbiturates?	
(For additional information on the barbiturates, refer to the Resource Materials Section.)	Under what conditions will a physician prescribe these drugs?	
	Can mental and neurological disturbances result from prolonged ingestion of average or large doses of barbiturates?	A class discussion should be held on the things that happen to a person who takes addicting drugs. Class discussion at this point should also include the habit-forming drugs such as caffeine, methyltheobromine, and No-Doze.
	How does a person under the influence of barbiturates react or appear?	

Content	Motivating Questions	Teaching Suggestions
	How many yearly deaths are attributed to the excessive or unwise ingestion of barbiturates?	
	What is barbiturate poisoning?	
	Can a depressed person be directed towards suicide while under the influence of these drugs?	
	How are barbiturates sold?	The variously colored capsules and pills containing the barbiturates should be shown to the student so that they might learn to distinguish between "yellow-jacket", "redbird", "red devil", and the others.
	Are these drugs taken orally and/or injected intravenously?	
(For a detailed account of the subject, refer to the Resource Materials.)	Under what conditions can the effects of alcohol and barbiturates be cumulative?	
B. Tranquilizers	How are tranquilizers related to barbiturates?	Refer to Drug Abuse: A Course for Educators - A report of the Butler University Drug Abuse Institute for topics of discussion in this area. (available in Resource Library)
1. Miltown		
2. Equanil	How do tranquilizers affect the nervous system?	
3. Librium	When should tranquilizers be taken?	
	What are the physiological and psychological consequences of misusing tranquilizers?	
C. Amphetamines		
1. Amphetamine (1-phenyl-2-propane)	What is amphetamine sulfate?	
	How is amphetamine marketed?	
	What are Benzedrine, Dexedrine, and Tuamine?	

Content	Motivating Questions	Teaching Suggestions
	What are the medical uses of amphetamine?	
(For a discussion on amphetamine and its derivatives, see the Resource Materials Section).	What are some of the common names by which amphetamine is variously known?	
	Why would any person wish to take amphetamine other than for therapeutic purposes?	Emphasize to the student the significance of prescription administration in therapeutic amounts only.
(For a W.H.O. Expert Committee description of amphetamine dependence, refer to page 12-A in Resource Materials.)	Is there a "black out" period when the effects of amphetamine wear off?	Have some students look up the characteristics of amphetamine dependence as described by the World Health Organization's Expert Committee.
	What are the dangers of taking amphetamine other than through a physician's advice?	
2. Methamphetamine	Is methamphetamine an amphetamine derivative?	
	Is there any difference between methamphetmaine and "speed"?	
	Is there any pharmacological difference between other amphetamines and "speed"?	
	Can speed develop paranoid psychosis when taken intravenously?	Again, reference should be made to the significance of a physician's advice for only he knows the therapeutic values of the drugs.
	Does "speed" kill?	
	Is speed more dangerous than the other amphetamines? If so, why? Why not?	
D. Marihuana	How is this hallucinogenic drug obtained?	

Content	Motivating Questions	Teaching Suggestions
	How is marihuana taken into the body?	
	What are the common names by which this drug is known?	
	What is the name of the plant from which it comes?	
(For a more detailed account of marihuana, refer to Resource Materials Sections.)	What are “reefers”, “sticks”, “weeds”, or“joint”?	A visual instruction kit should be obtained to show the various ways marihuana is “marketed” (available at Media Center).
	How does marihuana affect the nervous system?	A discussion on how marihuana acts on the nervous system should follow here.
	What is the effect of marihuana on other bodily functions?	
	How long do the effects of smoking one marihuana cigarette last?	Have a class discussion on the social implications involved in smoking marihuana.
	What is hashish?	
	Does a user develop physical dependence to marihuana?	
	How does the World Health Organization Expert Committee characterize marihuana dependence?	Bring up questions such as can one drive, fly, work, be an astronaut, surgeon under the influence of marihuana.
	What are the therapeutic contributions of marihuana?	Form a panel discussion concerning the pros and cons.
E. Other hallucinogenic drugs		
1. LSD	What is D-Lysergic acid diethylamide?	Have a student do research work on LSD for the purpose of a class discussion on the human toxicity involved and the schizophrenic implications involved in using this very powerful drug.
	Is it a federal offense to possess LSD?	

Content	Motivating Questions	Teaching Suggestions
	Are there any medical uses associated with LSD?	
	Is LSD used in clinical medicine?	
	How has it been used in medicine under controlled conditions?	
	How does LSD act on the body immediately? long term?	
(For more information on LSD, refer to the Resource Materials Section.)	What are trippers?	
	Does current research postulate a relationship between LSD and chromosomal aberrations?	
	How and under what circmustances can an LSD user develop psychosis?	A local physician may be asked to discuss LSD with the biology class.
	Does an LSD user develop a physiological and/or a psychological dependence?	
	What is an LSD flashback?	Have a student do research (library) to find true cases and experiences on some LSD users. The San Antonio Express (in 1969) published a 3-series article on conversations with actual LSD users wherein they described their feelings and experiences. These can be obtained as reprints.
	To what extent is research being conducted on LSD?	
2. Peyote	Where does Peyote come from?	
	Is Peyote used by some tribes of Indians? Why?	
	What is the action of this drug?	

Content	Motivating Questions	Teaching Suggestions
3. Mescaline	What is mescaline and how is it used?	
4. Psilocybin	Are the effects of Psilocybin and LSD about the same?	Have a student give a comprehensive report on hallucinogens - - as in addition to those already mentioned, there are others such as DMT (a derivative of Tryptamine, MMDA, DET, STP, etc.)
F. Opioids		
1. Natural analgesics	What is an analgesic?	
	What is the difference between an analgesic and an analgetic?	
a. Opium	How is opium used?	
	How is opium obtained (from what plant)?	
	How are these drugs used in medicine?	
	What is the action of these drugs on the body?	
b. Morphine (also known as morphium morphia, and morphina)	How much morphine does a good grade of opium contain?	
	What is Papaver somniforum?	
(For more information on morphine and the other hard drugs, refer to the Resource Materials Section.)	What are the medical uses of morphine sulfate?	Have a student refer to the Merck Index to do research on the medical uses of and human toxicity of morphine.
	What can an overdose of morphine result in?	Again, a qualified person, such as an M.D or a clinical psychologist, should be invited to address the class for establishment of class perspective which will allow intelligent discussion to follow.
	What is meant by euphoria?	
	What is meant by tolerance with narcotics?	

Content	Motivating Questions	Teaching Suggestions
	What is meant by morphine abstinence phenomena?	
(Refer to the Resource Materials Section for a detailed account of withdrawal illness.)	What is withdrawal illness? Can withdrawal symptoms result from the use of any opiate drug?	
c. Heroin (chemically known as diacetylmorphine)	What is the narcotic that is most subject to abuse among young people today?	Write the U. S. Public Health Service Hospital, Lexington, Kentucky, (the Addiction Research Center of the National Institute of Mental Health), for information on the testing of analgesic drugs and their addicting characteristics.
d. Codeine (methlymorphine)	Is codeine a morphine derivative? Just what are the addicting properties of codeine? How is codeine used medically?	
	Can codeine - containing substances be obtained as over-the-counter medicines?	A bottle of the cough syrup elixir of terpin hydrate may be obtained from a pharmacist to show to the class that it does contain codeine.
(For more information refer to the Resource Materials Section.)	What is Percodan?	
	How are the synthetic analgesics related to the opiates? Are they as powerful?	
2. Synthetic analgesics		
a. Meperidine (also known as Pethidine Demerol, Dolantin)		
b. Methadone (known also as Dolophine, Amidon)	Are these synthetic analgesics just as addicting as the natural analgesics?	

Content	Motivating Questions	Teaching Suggestions
c. Palfium (dextromoramide)	How does methadone affect the drug addict?	
	Can a dependency for methadone develop?	
	Does a confirmed addict have to take addicting drugs the rest of his life?	This would be the proper time to discuss the pros and cons as to the use of methadone to "rehabilitate" hard drug users (narcos).
	What are exempt narcotics?	
	Why do we have them?	
	Are they habit-forming? Addicting?	
	Do they involve tolerance?	
G. Volatile chemical substances	How have volatile chemical substances been used?	
1. Benzene	What is glue sniffing?	
2. Toluene	What are general effects of glue sniffing? immediate? long term?	
3. Carbon tetrachloride 4. Ethyl acetate	What is the extent of the pathological damage done to the liver, the kidneys, and the hematopoietic (blood building) tissues of the body by some chemical substances?	Refer to the February, 1969, Journal of American Medical Association for a discussion this area.
X. Some drugs affect the endocrine system.		
A. Insulin	What is insulin?	
	Where is insulin produced in the body?	
	What is the disease known as diabetes?	Have a student report on diabetes and related topics.

Content	Motivating Questions	Teaching Suggestions
	What is meant by blood-sugar level? What is hypoglycemia?	
B. Epinephrine	How is epinephrine used as a vasoconstrictor and a heart stimulant?	
XI. Diuretics are drugs associated with the uniary system. A. Digitalis B. Strophantin C. Salyrgan D. Novasurol	What are diuretics? Can diuretics be obtained as over-the-counter drugs?	Have a student look up diuretics and explain why those drugs can be obtained only through a doctor's prescription.

TEACHER'S NOTES

GLOSSARY FOR BIOLOGY GUIDE

- A -

absorbed = sucked up, as through or into pores.

acidosis = acid intoxication of the body caused by faculty metabolism.

addiction = unable to stop taking a drug by one's own free will.

adenitis = having to do with nucleic acids, in pancreas and other glands.

adipose = of or pertaining to fat.

adrenaline = one of the hormones formed in the core of the adrenal or suprarenal glands; serves as a heart stimulant.

adsorbents = substances condensed and held for adsorption.

alcoholism = a morbid condition resulting from the inordinate or persistent use of alcoholic beverages; dipsomania.

allergic = highly susceptible

allergies = conditions of heightened susceptibility to a substance.

amino acids = the nutrients in proteins.

amphetamines = amphetamine sulfate, a whitish powder available in various forms, (Benzedrine, Dexedrine, Taumine) . . . employed as a central nervous system stimulant.

analgesic = a drug for the alleviation or diminishing of pain.

anorexia = loss of appetite.

antacids = an alkaline remedy for stomach acidity.

antibiotics = organisms and fungi that have the power of arresting the growth of other microorganisms or of destroying them.

anticoagulants = the drugs that prevent clotting.

antidiarrheal preparations = substances to alleviate diarrhea.

antiemetic = preparations to alleviate vomiting.

antihistamines = any or certain drugs which neutralize histamine in the body.

antispasmodics = substances which relieve spasms or cramps in the digestive tract.

antipyretic = preventive or alleviative of fever; a medicine to allay fever.

anuria = defective excretion of urine.

aperients = a gently purgative remedy.

arthalgias = pain in the joints.

auditory impairment = pertaining to the hearing ability

- B -

bacteria, bacterium (singular) = one of numerous widely distributed unicellular micro-organisms, they exhibit both plant and animal characteristics, and range from the harmless and beneficial to the intensely virulent and lethal.

barbiturate = medically, used as depressants . . . from barbituric acid.

biochemical = the branch of chemistry relating to vital processes, their mode of action, their products, etc

biological reaction = of or pertaining to biology, or the science of vital functions, structures, and processes.

- C -

cardiac = of or having to do with the heart.

cathartic = an agent used to relieve constipation.

chemical reaction = obtained or used in chemistry.

chromosomes = loop-shaped bodies into which the chromatin of the cell divides during mitosis; regarded as a carrier of the genes or units of heredity.

chromosomal aberrations = varying from type; abnormal.

circulatory system = the blood vessels, the heart, the blood itself.

coagulants = drugs which aid the blood to clot.

codeine = (a narcotic) that acts directly on the central nervous system, used to control coughing.

coma = a state of unconsciousness with slow, heavy breathing.

convulsion = a violent and abnormal muscular contraction of the body; spasm; fit.

corticosteroids = hormones which are made in the cortex of adrenal glands.

crystalline = transparent, pellucid.

cumulative = steadily increasing; accruing.

cyanosis = a disordered condition of the circulation.

- D -

decubitus ulcers = infection caused by micro-organisms in the body.

delirium = intense excitement; frenzy; a sporadic or temporary mental disturbance associated with fever, shock, intoxication.

depressants = drugs whose medical use is a sedative, hypnotic, anticonvulsant.

dermatitis = inflammation of the skin.

diaphoresis = copious perspiration.

diaphoretic agent = any drug or agent that causes or increases perspiration.

diarrhea = morbidly frequent and fluid evacuation of the bowels.

digestive system = the system responsible for transforming, chemically, food that we eat into blood absorbable nutrients the body can utilize.

diuretics = drugs used to increase the urine flow and help in cleaning out impurities caused by infections in the kidneys.

drastics = strong purgatives; powerful medicine.

drug dependence = subordination to certain drugs.

ductless glands = internal secreting glands, the secretions of which, released directly into the blood or lymph, have a powerful and specific influence upon some phase or phases of physiological activity.

dysentery = a severe inflammation of the large intestine membrane; attended with bloody evacuations, gripping pains, some fever.

dysuria = painful or incomplete urination.

- E -

ephedrine = vasoconstricting drug, used to reduce symptoms of a head cold, allergies, etc.

eliminated = expelled, gotten rid of.

endocrine glands = Pertaining to internal secretions.

endocrine glands = ductless gland which produce hormones.

epilepsy = a chronic nervous affection characterized by sudden loss of consciousness, sometimes accompanied by seizures of varying intensity.

epinephrine = one of the hormones formed in the core of the adrenal or suprarenal glands; serves as a heart stimulant and as a vasoconstrictor.

euphoria = physical comfort or well-being.

euphoria state = an exaggerated buoyancy and sense of bodily health.

exhilaration = enlivement; stimulation.

- F -

fatigue = weariness; a diminished susceptibility to stimulation of the central nervous system; affecting primarily the function between nerve and muscle fibers.

fever = pyrexia; a disorder marked by high temperature, rapid pulse, increased tissue-destruction; loss of appetite, restlessness, delirium.

- G -

genes = the chemically complex unit which is assumed to be the carrier of specific physical characters from parents to offspring, being transmitted through the chromosomes and subject to many influences.

glucosides = any of a group of compounds which yield glucose or some other sugar - also spelled glycoside.

glycerols = nutrients from fats.

glycogen = a white, amorphous polysaccharide in animal tissues, principally the liver. Also called animal starch.

gout = a disease of metabolism characterized by inflammation of a joint, as a great toe, and an excess of uric acid in the blood. Also called podagra.

- H -

habit-forming = drugs that are not as strong as addicting drugs and usually not harmful even if a person takes them for a long time.

habituation = made familiar by repetition of use; to condition by use.

hallucinations = any numerous sensations, auditory, visual, or tactile, experienced without external stimulus, and caused by mental derangement, intoxication, fever; a mistaken notion.

hallucinogenic drugs = so-called mind-expanding drugs, including LSD, peyote, mescaline, psilacybin, and DMT. They have the power to change human behavior radically, often in a dangerous manner.

hematopoetic = blood building tissue.

heparin = a polysaccharide found in liver and other animal tissues and having the power to prevent the coagulation of blood. Used in medicine and surgery.

histamine = a white, crystalline substance found in plant and animal tissues. It stimulates gastric secretion, reduces blood pressure.

hormones = An organic product of living cells that produces a specific effect on the activity of cells remote from its point of origin.

human toxicity = the quality of being toxic to humans.

hydragogues = any medicine that causes abundant watery evacuations.

hydrophilic = water-attracting substances.

hypotension = low-blood pressure.

- I -

indigestion = discomfort usually caused by over-eating. Includes nausea, heartburn, pain in upper abdomen, and gas during or after eating.

ingestion = to take in (food) for digestion.

insomnia = chronic inability to sleep.

intramuscular = within the muscle; as injections.

intravenous = into or within the vein.

isolated = set apart.

– J -

jaundice = a morbid condition due to excretion of bile pigments in the blood, characterized by yellowness of the skin, lassitude, and anorexia.

- K -

kaolin = bolus alba; china clay; a hydrated aluminum silicate, an adsorbent for diarrhea.

- L -

laxatives = gentle purgatives.

- M -

mental depression = a lowering of vital powers; melancholy; specially psychopathic melancholy leading to mental disorders.

mental disorder = derangement.

mescaline = a white, cyrstalline alkaloid, extracted from mescal buttons; it has narcotic and tetanic properties, and includes powerful color hallucinations.

miosis = the period in the course of a disease when the symptoms begin to diminish.

mucilaginous = gummy, slimy, and viscid.

mucous membrane = a membrane secreting or producing mucus, that lines air passages, alimentary canal, etc.

muscles = organs composed of tissue arranged in bundles of fibers, by whose contraction bodily movements are affected.

myalgias = muscle cramps.

- N -

narcolepsy = a condition marked by an uncontrollable desire for sleep or by students attacks of drowsiness.

narcosis = deep sleep of unconsciousness produced by a drug.

nausea = sickness of the stomach, producing dizziness and an impulse to vomit.

nervous system = the system may be divided into (1) the central nervous system, consisting of the brain and spinal cord, and (2) the peripheral system, consisting of the cranial, spinal, and peripheral nerves with their motor and sensory endings.

neurological disorder = dealing with the nervous system.

nutrients = that which gives nourishment.

- O -

opioids = those drugs that, regardless of origin, display morphine-like properties.

- P -

paranoid psychosis = a chronic, often progressive mental disorder, characterized by monomania, systemized delusions of persecution, and sometimes hallucinations.

parathyroid hormones = regulate the balance of phosphorous and calcium.

pectin = a carbohydrate obtained from the inner portion of the rind of citrus fruits or from apple peel.

penicillin = a substance in certain molds which destroys certain infectious bacteria.

perception = the faculty or power of acquiring immediate and fundamental knowledge through the senses.

peristalsis = a contractile muscular movement of any hollow organ of the body, as of the alimentary canal and intestines wherby the contents are gradually propelled toward the point of expulsion.

peyote = drug which comes from the cactus plant.

pharmacological = medical; having to do with materia and therapeutics.

phenobarbital = depressant made from barbituric acid, known as luminal, gardenal, barbenyl, somonal.

phenylephrine = vasoconstricting drug used to reduce symptoms of a head cold.

physiological = pertaining to the function of living organisms.

psychological = of or in the mind.

psilocybin = a drug which comes from Mexican mushroom; its effects are basically the same as LSD.

psychosis = a severe mental disorder, with or without organic disease.

purgatives = strong laxatives.

- Q -

- R -

relaxants = drugs which act on the central nervous system.

respiratory system = the organs, muscles, and tissues involved in breathing.

- S -

schizophrenia = a mental derangement characterized by the presence of conflicting impulses, emotions, and ideas, and resulting in a disintegration of personality.

sedative = having a soothing tendency.

solubility = the capability of being dissolved.

solvents = having the power of dissolving; capable of dissolving other substances.

somnolence = oppressive drowsiness or inclination to sleep.

stasis = stoppage of the blood in its circulation caused by abnormal resistance of the capillary walls, rather than by a lessening of the heart's action.

stimulants = anything that quickens or promotes activity of some physiological process, as a drug or alcoholic beverage.

stupor = a condition of the body in which the senses and faculties are dulled, as by drugs or intoxicants.

suppository = a solid, readily fusible, medicated preparation for introduction into some canal, cavity, or internal organ.

syndrome = an aggregate or set of concurrent symptoms together indicating the presence and nature of a disease.

- T -

tachycardia = abnormal rapidity of the heartbeat, usually indicating a pulse rate above 100/minute.

therapeutic = having healing qualities.

thromboembolism = blood clot in vein or artery.

tolerance = natural or acquired ability to endure without ill effects large or increasing amounts of specified substances, particularly drugs.

tonic effect = having power to invigorate or build up.

toxicity = the quality of being toxic; the degree or intensity of virulence of a poison.

tumor = a local swelling on or in any part of the body, especially from some autonomous morbid growth of tissue which may or may not become malignant. A neoplasm.

- U -

urochrome = the yellow pigment which gives urine its characteristic color.

- V -

vasoconstrictors = those drugs which constrict or narrow the blood vessels.

vasodilators = drugs which dilate or increase the diameter of the blood vessels.

vertigo = any or a group of disorders, variously caused, in which a person feels as if he or his surroundings are whirling around; dizziness.

viruses = any virulent substance developed by morbid processes within an animal body, and capable of transmitting a specific disease, such as smallpox.

RESOURCE MATERIALS

FOR LEVEL IV BIOLOGY

DRUGS AND THE HUMAN BODY

Drugs may enter the body in a variety of ways. The common forms by which drugs can enter are: (1) tablet and capsule, (2) liquid, (3) suppository, (4) injectable solution (intravenous or intramuscular), (5) ointment, and (6) vapor for inhalation.

How does a drug work? Certainly the chemical and biological reactions are many and varied, but most drugs do not "cure" a disease. Aspirin does not "cure" a headache. Drugs only set up circumstances in the body so the body itself can undertake healing.

The two basic kinds of drugs are those which can be bought without a prescription (over-the counter drugs) and those which can be bought only with a doctor's prescription. These are the prescription drugs.

The counter drugs are the most common and the best known. They are considered safe for use without a doctor's prescription or supervision provided you follow the instructions on the label carefully and use good judgment. Over-the-counter drugs are intended only for temporary self-medication of very minor illnesses, such as a cold or an upset stomach. You should follow the directions given on the label of any medicine. Just as you are advised to carefully read the labels on reagent bottles in the chemistry stock room, so care should be exercised in reading the labels on medicine bottles. Chemistry students are aware of the toxicity of many substances in the lab and yet, if careful attention is given to labels and directions, safety is usually the rule in the lab.

Case in point - - - - - whenever directions on labels are not followed: Aspirin, taken in excess, can cause disturbances in the stomach. It is an acid which can alter the natural acid content of the stomach. Aspirin is known to cause bleeding of the stomach lining when it is over used. A small child who eats a bottle of pleasantly-flavored children's aspirin may develop a skin rash, bleed from the gums, and have acute abdominal pain. The child should receive medical care at once; aspirin poisoning is dangerous. In fact, 125 American children died in 1965 from aspirin poisoning.

Also, using a number of drug products at the same time can also create problems. In the case of cough syrup, nose drops, and sedatives, for example, each drug may be useful for the purpose it is taken, but the combination may cause unforeseen and desirable reactions. Another point to be remembered is that what may have been effective at one time may prove ineffective at some later date.

When a drug is so powerful that it should be used only under a physician's supervision, the law requires that it be sold only by prescription.

THE HUMAN SKELETON

The human skeleton, which contains over 200 bones, requires, in addition to vitamins and minerals, certain hormones such as parathormone, or parathyroid hormone that regulates the balance of phosphorous and calcium in the body, which are necessary substances in the maintenance of a proper deposition of minerals in bones, not only to maintain a strong skeletal system, but for the purpose of maintaning the hematopoietic or blood-building tissue in proper physiological condition.

Hormones are substances which act as chemical effectors or coordinators which are produced by the endocrine or ductless glands system of the body.

A group of hormones called the corticosteroids are frequently injected directly into muscle tissue to treat severe cases of arthritis. Arthritis is a disease which causes painful swelling of the joints so that the joints, particularly in the elbows and hands, become almost immovable. The joints are likely to become deformed and useless. This disease affects the middle-aged and elderly more often than it affects young people. Some athletes, such as football players, or skiers, develop arthritis in a joint which they have injured repeatedly. The ankle is such a joint. If the problem is discovered early, then treatment may be more successful.

The corticosteroids are hormones which are made in the cortex of the adrenal glands. One of these is adrenocorticotropin (ACTH), secreted by the anterior pituitary which stimulates the adrenal cortex to secrete cortisone and hydrocortisone. Synthetic derivatives of hydrocortisone that are more potent and suppress the symptoms of disease with fewer side effects are presently in use. Some of these cortisone-like drugs are made from tropical plants or the sweet potato plant which grows in abundance in the Southern States. Because corticosteroids can cause serious reactions, such as bloating of the face, physicians often choose to prescribe the synthetic drug.

THE MUSCLES

Muscles, working in pairs antagonistically, function in contraction and relaxation. The bicep and tricep muscles of the forearm are examples. When the biceps brachii, which is a large flexor muscle of the front of the upper arm contracts, the triceps or three headed muscle located along the back of the upper arm relaxes. In addition, muscular contraction is a chemical function wherein chemical reactions bring about muscular contraction. There are over six hundred muscles in the human body. They range in size from the very large muscles in the thigh to the very tiny ones which control the movement of the eyeballs and the intestines. The work of the muscles is to contract and expand. The muscles enable us to stand erect, to bend over, and to perform a large number of tasks - - from lifting heavy weights to threading a needle. Physical training can increase the size of the skeletal muscles and lack of exercise can result in decreased muscle size.

While working or playing hard we sometimes need a "second wind". Strenuous exercise burns the glycogen in the muscle tissue faster than the oxygen in the body can dispose of the waste products. During a sprint, the racer may need several times as much oxygen as his body can absorb during the race. But his muscles continue their work without the additional oxygen for a limited period of time. During this period, the racer builds up an "oxygen debt." After the race, the sprinter will breathe hard for several minutes, until the oxygen debt is repaid.

Drugs are used to reduce the tension and rigidity of muscles caused by disorders in the central nervous system. These nervous disorders include Parkinson's disease, cerebral palsy, and other diseases of the central nervous system which affect muscular coordination.

Relaxants are used to reduce the tension in the muscles, and permit the patient some free movement. Relaxants are drugs which act on the central nervous system. In some cases of muscle spasm, curare is used. Curare, known at D-Tubocurarine or Intocostrin, produces flaccidity in triped muscles and is used most widely as an auxiliary in general inhalation anesthesia, especially in abdominal surgery. When used in association with cyclopropane gas, it is particularly useful because it produces profound surgical relaxation.

Any of the muscle relaxants can be extremely dangerous unless they are taken under the close supervision of a physician. Excess doses can cause respiratory depression or complete arrest if administered in overdose or too rapidly.

You may have some pain in the muscles with a common cold, or you may have stiffness after hard physical exercise. Many over-the-counter medications and ointments are advertised for these little ailments; however, the pain usually goes away whether or not it is treated. Your physician may suggest that aspirin will help relieve the pain. Athletes often use a liniment to rub the affected muscles. The liniment contains a skin irritant which causes the blood to flow freely into the muscles. This in turn causes a sensation of heat and helps to overcome the temporary pain.

THE SKIN

The human skin, which is often called the first line of defense against infection, consists basically of three layers, an outer epidermis, a second-layer corium and a third fatty substance layer which provides the two other layers with enough adipose tissue to provide easy movement of the skin. The skin is continous, and unless it is broken, bacteria and other disease producing organisms are usually kept out of the human body. The color of the skin had to do principally with the relative abundance of melanine, a pigment that is responsible for skin pigmentation.

What are some drugs used for the skin?

1. Hormone creams and lotions are offered to women to soften and relieve dry conditions of the skin and at times are advertised to "renew" the skin. The creams may have a temporary effect on aging skin by increasing the fluid content, but this effect seems to stop when the woman stops using the cream. Some years ago, royal jelly was introduced in facial creams with claims that this jelly would cure all sorts of skin conditions; FDA proved that these claims were false and required the manufacturer to change the labeling and discontinue the medicinal claims.

2. Aluminum salts in some antiperspirants may produce changes in sweat glands, and some of the glands may cease to function after prolonged exposure. Some injuries may be due to the ingredients in the product. The directions for use of an antiperspirant must warn of any dangers in using the product.

3. Bleaching creams are also used by some people to lighten the skin, particularly on the face, neck, arms, and shoulders. Many of these bleaching creams contain ammoniated mercury. Formulas with less than five percent of ammoniated mercury may peel layers of the skin, depending on the amount of cream used and the frequency with which it is applied. Some people are allergic to these bleaching creams.

4. Ointments are frequently used for local inflammations and contain a local anesthetic, such as procaine or benzocaine. These medications give temporary relief from sunburn or minor skin irritations.

5. Many young people suffer from a skin condition called acne, an inflammation of the sebaceous glands in the skin, which results in pimples and blackheads. Many preparations are advertised for acne. Some creams contain sulfur and peel the skin; others contain various medications which cover the affected area without helping the basic condition. In some cases, medication is quite effective if the physician's directions are followed.

THE CIRCULATORY SYSTEM

Man possesses a closed typed circulatory system, by which the rythmic contraction of the four-chambered heart keeps from four to six quarts of blood continually circulating in the arteries, veins, and the capillaries. The blood vessels, the heart, the blood itself, the lymph and the lymph glands make up the circulatory system. This system must maintain an adequate blood supply throughout the body, no matter what you do - - - whether you sleep, eat, play, or work hard.

The circulatory system includes the lymph glands and the lymphatic vessels, and the fluid which they carry - - called lymph - - - is used by the blood in the exchange of waste matter and nutrients for the tissues. The lymphatic system also filters out bacteria through the lymph glands, thus helping the body's resistance against disease.

Drugs for the circulatory system act either on the blood, the blood vessels, the heart, or on those nerves which control the circulation.

The coagulants are the drugs that aid the blood to clot and the anticoagulants prevent clotting.

Thrombin topical, also called Alexan, Thrombofort, Topostasin, is a coagulant that is a preparation isolated from bovine or human blood serum. It is a white powder, usually containing added sucrose, and it is completely soluble in water or in isotonic solution of sodium chloride. It is used medically as a local hemostatic for capillary oozing as it is ineffective in arterial bleeding. Human toxicity: I.V. administration can cause thromboembolism. Thrombin, as well as Thromboplastin, another coagulant, is never to be injected.

Heparin, like dicoumarol and related chemicals, has been shown to greatly reduce the frequency of thrombosis and complicate embolism when administered to postoperative and cardiac patients.

Drugs used for blood vessels are the vasodilators and vasconstrictors. Vasodilators dilate or increase the diameter of the blood vessels. Vasoconstrictors constrict or narrow the vessels. Vasocontrictors are often used in cases of shock (which may happen following accidents), when the blood vessels suddenly lose tension, relax, and are unable to support the flow of blood. Vasoconstrictors, by strenthening and tightening the blood vessels, restore normal circulation.

When the blood vessels have to be relaxed because they have become too tense or too narrow for proper blood flow, vasodilators are used. Such drugs are used, for example, in angina pectoris or poor circulation in the aged.

The dried leaf of the common foxglove, Digitalis purpurea, is the source of digitalis, which was first introduced into medicine as a diuretic (stimulant of urine secretion) in dropsy (an abnormal accumulation of serous fluid in cellular tissue as in some body cavity).

Three cardiac glucosides have been isolated in crystalline from Digitalis purpurea, digitoxin, gitoxin, and gitalin. All three have essentially similar pharmacological actions although they differ in the rate in which they are absorbed and eliminated in the body and also in their solubilities in various solvents.

The beneficial actions of the cardiac glucosides in heart disease include a tonic effect on the heart with diminution of the volume of the organ and increased cardiac output, a slowing of the pulse, and a slowing of the conduction of impulses throughout the heart. These effects are produced at near toxic doses and are frequently accompanied by gastrointestinal upsets, caused probably by a stimulation of the vomiting center by reflexes set up by the cardiac effects. The drug is usually administered by mouth in the form of tablets or tinctures of the dried leaf. The purified principles (a principle, such as digitoxin or digitalin, plus glucose or some other sugar form a glucoside), may be given intravenously.

Most medicines taken directly for the benefit of the circulatory system are prescription drugs. The physician's instructions should be followed carefully; and few, if any, over-the-counter drugs should be used in connection with circulatory ailments for the simple reason that there can be complex side-effects.

THE RESPIRATORY SYSTEM

The organs, muscles, and tissues involved in breathing are called the respiratory system. Respiration is the process by which a plant or animal takes in oxygen from the air and gives off carbon dioxide and other products of oxidation in the tissues. The respiratory system includes two lungs located in the chest, the trachea and bronchial tubes which carry air to and from the lungs, the larynx which uses air to create the human voice, the pharynx and mouth which are used for the passage of air as well as food, and the nose which is the major entrance and exit of air.

The respiratory system is particularly sensitive to infections caused by various organisms, including bacteria and viruses. Among the drugs frequently used are antibiotics, such as penicillin.

Penicillin, for instance, was discovered many years ago by Alexander Fleming, a British physician. He found that the Penicillin notatum mold produced a substance - - penicillin - - - which destroys certain infectious bacteria. Prior to this discovery, Europeans had used moldly bread to treat infections in open wounds. This popular remedy had been effective because - - - unknown at the time - - - the bread mold produced penicillin. Thus modern medicine at times discovers that folk remedies, like quinine (the evolution of this particular drug was quite accidental) and digitalis (it has been used for more than two hundred years), do have merit.

Among the most popular drugs bought over the drugstore counter for minor upper respiratory allergies are the anthistamines. They were developed about 20 to 25 years ago, when scientists discovered that histamine played a part in reactions caused by allergies. The antihistamines act to block the action of histamine in the tissues. This action may favorably affect certain types of allergies such as hayfever and hives and reduce some of the symptoms. However, it does not cure the allergy; it merely reduces some symptoms, such as sneezing, runny noses, or difficulty in breathing through the nose.

Antihistamines, because of their effect on the central nervous system, must have a warning message on the label. The use of antihistamines may also cause excessive fatigue, blurred vision, lack of muscular coordination, and other effects. The patient should watch for any of these side effects and discontinue the use of the drug at once if necessary.

Many nose drops contain vasoconstricting drugs, such as ephedrine or phenylephrine, to reduce the symptoms of a head cold, such as a stuffy or runny nose. These drugs, if used excessively, can cause damage to the mucous membranes in the nose and throat and aggravate the condition. Although these medications can be bought at a drugstore without a prescription, ask the advice of a physician before using them. Their potential for harm may be greater than their potential for healing; the cure may be worse than the disease. Human toxicity: average doses may cause dysuria, nervousness, insomnia, headache, palpitations. Large doses and overdoses may, in addition, cause diaphoresis, nausea, vomiting, precordial pain, vertigo.

Cough medicines, intended for severe coughs, frequently contain a sedative or narcotic that act directly on the central nervous system.

As we shall see when we discuss the central nervous system, any sedative or stimulant should be used with extreme caution. A common ingredient in cough medicine is codeine (a narcotic), used for many years to control steady or severe coughing. Human toxicity; codeine sulfate, which is the ingredient in elixir of terpin hydrate, may cause nausea, vomiting, dizziness, somnolence in average or large doses. Excessive doses may, in addition, produce exhilaration, convulsions, narcosis, hypotension, miosis, tachycardia. Caution: Causes true addiction!

Another drug that is frequently used for minor infections of the respiratory system is aspirin. Acetylsalicylic Acid or aspirin, is used as an analgesic, antipyretic, antirheumatic, occasionally employed in gout for its uricosuric and analgesic effect.

Human toxicity: average doses, but more commonly large doses, may cause nausea, vomiting, diarrhea, G. I. bleeding. Large doses, may, in addition cause auditory impairment, vertigo, headache, hyperpnea, acidosis, fever, thirst, blurring of vision, skin eruptions, restlessness, hallucinations, delirium, stupor, coma, circulatory collapse, and death. Doses over 3 grams have resulted in kidney damage.

THE DIGESTIVE SYSTEM

The digestive system in man, through the agency of enzymes, is responsible for chemically transforming food that we eat into blood absorbable nutrients which maintain the body in a healthy state. Basically then, proteins are broken down to amino acids;

fats are broken down to fatty acids and glycerols; and the carbohydrates are chemically digested to simple sugars. This is oversimplifying a very complex system which involves a variety of organs, all finely attuned to each other. Any interference with one will influence the action of all the other organs connected with it and will have an effect on the entire body.

Doctors prescribe a variety of drugs for disorder of the alimentary canal. Frequently such drugs are prescribed with a special diet. Sometimes the doctor does not presceibe a drug but gives the patient a special diet to follow until his condition returns to normal.

Antacids are commonly used to treat disorders of the digestive tract, such as indigestion and ulcers. Indigestion is a term used broadly to cover many symptoms, including nausea, heartburn, pain in the upper abdomen, and gas, usually occurring during or after eating. Common causes for indigestion are eating too much too rapidly, not chewing food properly, eating during emotional upsets, and swallowing large amounts of air. Certain foods can cause gas: for example, beans, cabbage, and onions.

If there is persistent indigestion, a physician should be consulted as it may be a sign of allergies, jaundice, heart disorders, or tumors.

A cathartic is an agent used to relieve constipation. The term is used either in a general sense to refer to all agents of this class or specifically to indicate one of a series differing in severity of action in increasing order of intensity; these are aperients, laxatives, cathartics, purgatives, hydragogues and drastics.

Cathartics, using the term in the general sense, are divided into three groups on the basis of mode of action. The first group includes senna, cascara, aloe, jalap, colocynth, podophyllum, castor oil, phenolphtalein and calomel, all of which act by irritating the intestinal tract to produce an increased rate of propulsion of the contents. These cathartics are very rarely used in professional medicine as they are proprietary preparations.

The second group consists of agents that act by increasing the bulk of the intestinal contents. Salts such as magnesium sulfate and sodium sulfate and hydrophilic (water attracting) colloids such as agar, psyllium seeds and methyl cellulose increase bulk by holding water in the intestinal tract. The third group includes mineral oil and olive oil which act by lubricating the tract and thus facilitating the passage of the intestinal contents.

Cathartics should be taken only upon the advice of a physician. Serious harm can result from an attempt to relieve gastrointestinal symptoms without knowing their cause.

Abdominal pain may be a symptom of appendicitis or other serious conditions. If a person who has appendicitis takes a laxative, it may cause the appendix to rupture.

Adsorbents and antidiarrheal preparations are used to control diarrhea. Common ingredients in these medicines are kaolin and pectin.

Kaolin is Bolus alba, China clay; white bole; argilla. Essentially a hydrated aluminum silicate, it is prepared for pharmaceutical and medicinal purposes by levigating with water to remove sand and other substances. Its medicinal use is as an absorbent for diarrhea.

Pectin has a molecular weight of about 150,000 to 300,000. It is a carbohydrate obtained from the dilute acid extract of the inner portion of the rind of citrus fruits or from apple peel. It consists chiefly of partially methoxylated polygalacturonic acids. Pectin occurs as a coarse or fine powder, yellowish-white in color, practically odorless, and with a mucilaginous taste. Its medical use: orally in moderate doses, as in fruits, for improvement of intestinal statis; in therapeutic doses combined with kaolin for dysentery diarrhea; topically as powder for hemostatic effect and as paste for treatment of decubitus ulcers. Human toxicity: large i.v. doses may cause pectin deposition in kidneys, liver and lungs with resultant degenerative changes.

Antispasmodics relieve spasms or cramps in the digestive tract. They slow down peristalsis and thereby prolong the time food takes to leave the stomach. In this way, food and medicine can coat the stomach for a longer time than normal, allowing irritated tissues to heal faster. Antispasmodics are often used in treating severe diarrhea and the symptoms of food poisoning.

THE NERVOUS SYSTEM The nervous system may be divided into (1) the central nervous system consisting of the brain and spinal cord and (2) the peripheral nerves with their motor and sensory endings. Nervous messages are accompanied by brief electrical changes, known as action potentials. When a sense organ is stimulated or when the central nervous system issues an order to a muscle, electrical impulses can be recorded from the nerves which would be expected to be carrying information.

The action potentials which carry information along the nerve fibers last about one-thousandth of a second and travel at speeds of 1 - 100 meters per second (100 m. per second is equal to 224 m.p.h.) The velocity of conduction is greater in large fibers than in small ones.

The drugs most frequently used for the nervous system are depressants and stimulants. One group of useful depressants is the barbiturates, such as Phenobarbital, Secobarbital, and other similar products made from barbituric acid.

Phenobarbital is variously known as Luminal, Gardenal, Barbenyl, Somonal, etc......... Its medical use is a sedative, hypnotic, anticonvulsant of long duration of action. Human toxicity: untoward reactions are not common: dermatitis, fever, adenitis, prolongation of depression, arthralgias (pain in the joints), myalgis (muscle cramps), and other states may result with average or large doses. Overdoses may cause respiratory depression, cyanosis (a disordered conditon of the circulation), stupor, coma, circulatory collapse, and anuria (defective excretion of urine). Prolonged ingestion of average or large doses may cause mental and neurological disturbances. Sudden withdrawal after prolonged use may produce definite abstinence syndrome including convulsions. Caution: Continued use may lead to habituation.

Barbiturates are prescribed by physicians to treat insomnia and are used as sedatives in excitement and anxiety. They may also be used in the treatment of epilepsy and high blood pressure. Since they produce a quieting effect and drowsiness, they are often given before a general anesthetic, and some of them which are administered rapidly may even be used as a general anesthetic by injection into the vein.

When the barbiturates are used under medical supervision they are safe and effective depressants. Physicians do not prescribe these drugs for long periods of time because the patient may become both psychologically and physically dependent on the drug.

A drug that causes addiction is one that (1) is harmful if taken repeatedly over a long period of time, and one that (2) the individual is unable to stop taking of his own free will once he becomes dependent on it.

What happens to the person who takes addicting drugs? One of more of these things result;

1. He becomes emotionally dependent on the drug and desires its effects.
2. He becomes physically dependent on the drug; his body needs it.
3. He becomes ill when he stops taking it. This is called withdrawal illness.
4. He builds up a tolerance to the drug so that he has to have more and more of it to get the effect he wants.

Some drugs are habit forming: Drugs that cause addiction should not be confused with habit-forming. Habit forming drugs are not as strong as addicting drugs and usually are not harmful even if a person takes them for a long period of time; he can stop taking them when he wants to. Coffee, tea, chocolate, and cola drinks contain caffeine which is habituating but not addicting.

Caffeine is variously known as coffeine, theine, guaranine; methyltheobromine; No-doze. It occurs in tea, coffee, and mate leaves, also in guarana paste and cola nuts. It is generally considered a stimulant. Tolerance and habituaton may develop with prolonged use.

In 1964, the World Health Organization decided to replace the words addicting and habit-forming with one term--drug dependence.

A person under the influence of barbiturates may appear to be intoxicated. His judgment and motor coodination are impaired. His reaction time, visual perception, and attention are affected by even small doses of the drug.

In California, several hundred deaths occur every year, which are attributable to the excessive ingestion of barbiturates. Some of these deaths are accidental and some are intentional. A person who is in a depressed emotional state should not have more than a minimal supply of sleeping pills available because of the danger of suicide.

Barbiturates are sold as white powder, in tablets or in capsules. "Yellow-jacket", "red devil," "red bird", "rainbow", or "blue heaven, " are names indicative of the various colored capsules in which they are housed.

By taking pills orally or by injecting the drug intravenously one taking barbiturates can enjoy the sensation of being "high" much as he could by taking alcohol but not have any of the telltale odor. But he may not learn that some of the barbiturates will cause unconsciousness when taken in sufficient quantity or injected directly into the blood-stream.

The use of alcohol and barbiturates is cumulative. The combination is dangerous because barbiturates interfere with the body's normal disposition of alcohol; two drugs working together have a total effect greater than the sum of their individual effects. This very often results in death.

The use of barbiturates often opens the way to the use of other drugs. Ordinarily, the person who experiments with barbiturates experiments also with amphetamines.

Amphetamine is most commonly available as amphetamine sulfate, a whitish powder available in various forms - - tablets, ampules, capsules, and solution. Amphetamine and its chemical variants are marketed under the various trade names such as: Benzedrine, Dexedrine, and Tuamine.

Amphetamine is 1-phenyl-2-aminopropane and is variously known as Actedron; Allodene; Benzedrine, Adipan, Sympathedrine, Psychedrin; etc.

Medical use: it is mainly employed as a central nervous system stimulant (e. g. for narcolepsy, alcoholism, mental depression, postencephalic parkinsonism, barbiturate or morphine poisoning). Also used in spasm of the gastrointestinal tract, hypotension, and to produce anorexia (loss of appetite) in obesity.

Human toxicity: Average of large doses may cause insomnia, hypertension (frequent), palpitations, nervousness, diaphoresis, anorexia, headache, diarrhea, or constipation. Overdoses may, in addition, cause hallucinations, delirium, peripheral vascular collapse and death.

Amphetamine is a central nervous system stimuant best known for its ability to combat fatigue and sleepiness. It also is sometimes used to curb the appetite and has thus played a role in weight reduction for some people who are incapable of exercising self control over their food intake.

In the jargon of the illegal user, amphetamine pills may be termed "bennies," "dexies", or "pep pills." Self administered in larger than therapeutic amounts, amphetamine may induce feelings of euphoria, exaggerated alertness (it is often times abused by some truck drivers or students that want to stay awake all night long without realizing that just as they might feel extra "alert," so when the effect of the amphetamine wears off, there is sudden need for sleep), and actual intoxication.

The truck driver who has taken amphetamine may find himself experiencing hallucinations with a distorted image of the highway, thus causing erratic and hazardous driving behavior. Their use has certainly resulted in many accidents.

When the effect of amphetamine wears off, there may actually be a "black out" period.

The use of amphetamine by young people for a "thrill", "lift", or "kick" is dangerous. Among confirmed users oral ingestion of amphetamine pills may be replaced by intravenous injection of large doses of amphetamine in solution.

Dependence of amphetamine is characterized, according to the World Health Organization's Expert Committee, by (1) desire of need to continue taking the drug; (2) consumption of increasing amounts to obtain greater excitatory and euphoric effects or to combat more effectively depression and fatigue, accompanied in some measure by the development of tolerance; (3) psychic dependence on the effect of the drug; and (4) general absence of physical dependence so that there is no characteristic abstinence syndrome when the drug is discontinued.

There is an amphetamine derivative (desoxyn) commercially known as methedrine and commonly referred to as "speed" that, when taken intravenously ,may develop paranoid psychosis and certain organic syndromes, or even suffer death.

MARIHUANA

Marihuana, also known as Cannabis, Indian hemp, Indian cannabis, marijuana, hashish, bhang, ganja, charas. It is also called "pot", "grass," "boo," "tea," "mary jane," "brocoli," "weed."

This hallucinogenic drug is obtained from the dried flowering tops of pistillate plants of Cannabis sativa L. The plant has been known and apparently has been used for its drug effects for several thousand years. This plant is presumed to be a native of Central Asia, but long before the time of Christ, its habitat had been extended to the Orient and the Near East. Today the marihuana plant grows wild or can be grown in almost every region of the world.

Although marihuana may be taken into the body in several ways – by chewing the leaves, by sniffing it in powder form, or by mixing it r with honey for drinking, in the United States it is assimilated most frequently by smoking. The flowering tops of the plant are cured by drying, "manicured" by crushing, and rolled into "cigarettes" wrapped in crude brown paper with the ends folded or twisted. Marihuana users may refer to these cigarettes as "reefers," "sticks," "weed," or joints."

Because of its ability to cause mental fantasy, distortion and exaggeration as well as emotional and physiological exhilaration, marihuana is sometimes classed as a hallucinogen.

Marihuana acts almost entirely upon the central nervous system, affecting motor control, perception, and judgment and releasing inhibitions which normally stand guard over behavior. A marihuana user ordinarily becomes emotionally unstable, exhilarated, talkative, and giggly. This stage is followed by a period of depression, during which he may become drowsy and lose contact with reality as he drifts into a euphoric state.

The effects of a marihuana cigarette will usually last from thirty minutes to an hour, although much depends on the emotional state of an individual. If a person has several smokes in a row, the signs may be apparent for as long as fifteen hours.

Conjunctivitis or reddening of the eyeballs is common and the eyes may also have a vacant or glassy stare, and pupils may be dilated.

Generally, an individual that is under the influence of marihuana loses sense of time and reality that besides the social degradation involved on the part of the user, the use of marihuana may result in violence or other forms of criminality; in fact, the word is derived from the Arabic word hashshashin or assasin. — Hashish is a concentration of dried Cannabis resins some six times as powerful as marihuana.

The World Health Organization's Expert Committee characterizes drug dependence of the marihuana type as (1) a desire (or need) for repeated administration of the drug on account of its subjective effects, including the feeling of enhanced capabilities; (2) little or no tendency to increase the dose, since there is little or no development of tolerance; (3) a psychic dependence on the effects of the drug; and (4) absence of physical dependence.

HALLUCINOGENIC OR PSYCHEDELIC DRUGS

These so-called-mind-drugs include LSD, peyote, mescaline, psilocybin, and DMT. They have the power to change human behavior radically, often in a dangerous manner. That is why their distribution is regulated under the Drug Abuse Control Amendments, making their possession without medical prescription a federal offense.

LSD: This drug, also called LSD-25 and D-Lysergic acid diethylamide, has been medically used as a sedative for some cases of schizophrenia and experimentally for production and study of transient schizophrenia in normal individuals.

Dose: 50 to 100 micrograms (a microgram is one-millionth of a gram). Human Toxicity: 1 to 2 micrograms per kilogram of body weight in normals and 3 micrograms per kilogram of body weight is psychotics produces typical schizophrenic behavior as well as visceral side effects.

LSD is a white, tasteless, odorless chemical and it appears on the illicit market as sugar cubes treated with LSD solution; as powder in capsules; or in vials of solutions of one cubic centimeter each for individual doses, selling for $5 to $10 a dose.

Users call themselves acid heads and it gives trippers intense hallucinations.

Trippers experience waves of color and vibrations sweeping through the head; reality disintegrates. It has oftentimes given people a warped sense of reality to the extent that some have plunged to their death thinking they were birds that could fly.

Researchers are presently experimenting with the drug. Whereas earlier researchers postulated a link between LSD and chromosomal aberrations and corresponding gene deterioration, recent findings have not been able to replicate those original findings. Nonetheless, present scientific data on the acid indicate that even in apparently stable personalities, the massive doses taken by some can bring to the surface long-buried psychosis that will remain as mental illness after the drug wears off.

LSD and dependence: Taking the acid does not result in a physiological dependence but it does result in a psychological dependence which causes the user to want to repeat taking the drug. In addition, the user assumes a patron-like or missionary approach in that he or she wants other people to take the drug.

A person who has taken LSD can have a recurrence of symptoms, in all their intensity, many months after witout having taken any more of it during that period of time. Even after a year has elapsed, symptoms have been known to recur. These symptoms are rather acute and involve extensive hallucinations, severe depression, and very marked anxiety and much confusion.

According to medical authorities, it is all too possible that LSD will cause certain chromosome breaks resulting in grotesque physical characteristics of babies yet to be born. This fate, they say, is even likely to appear in the user's grandchildren since heredity passes the chromosome separation along to yet another generation.

Peyote, which comes from the cactus plant, is another of the well-known drugs associated with mind distorting properties.

Peyote buttons are usually chopped and brewed with tea or chewed while drinking wine or some other highly flavored drink in order to mask its bad taste. Peyote is also known as "moon" "the bad seed," and "P".

Like Peyote, mescaline is obtained from the cactus plant. Even though the use of mescaline is now in the experimental stage, it is believed this drug provides powerful effects almost identical to those of LSD.

"Mesc;" or "big chief", as this drug is known, is usually taken orally but it may be shot into the arm.

Psilocybin was first believed to have been used by primitives for certain spiritual communion with the supernatural. It comes from a Mexican mushroom and is taken primarily through the mouth. Its effects are basically the same as those of LSD, as are the effects of mescaline and peyote.

There are other less well known hallucinogenic drugs including DMT, a derivative of tryptamine, MMDA, DET; psilocin; STP; and others.

OPIOIDS

Opioids are those drugs that, regardless of origin, display morphinelike properties. Opium itself is usually smoked or ingested; morphine and certain of its derivatives such as codeine (methylmorphine), diacetylmorphine (heroin), dihydromorphine (Dilaudid), dihydrohydroxycodienone (Eucodal), as well as a number of synthetic analgesics such as meperidine (Pethidine, Demerol, Dolantin), ketobemidone, methadone (Dolophine, Amidon), and dextromoramide (Palfium), are usually injected but are also taken orally while heroin is often sniffed or smoked.

The drug opium is obtained from the immature fruits of the opium poppy, Papaver somniferum, family Papaveraceae, by slightly incising the fruits and collecting and partially or completely drying the exuded juice. This juice is white and liquid at first, but it coagulates and turns brown on exposure to the air, and some types of opium are virtually black.

Only two species of the Papaveraeae are known to produce morphine.

MORPHINE Morphine, called also Morphium, morphia, and Morphina, is the most important alkaloid or opium. A good grade of opium contains between 9 and 14% of anhydrous morphine. The medical uses of morphine sulfate are as follows:

Narcotic, analgesic and sedative – has also been used as hypnotic, anti-diarrhea, antiemetic and diaphoretic agent. Human toxicity: Allergic reactions, nausea, vomiting, constipation, urinary retention, depression, delirium and convulsions have occurred with average doses and overdoses. Overdoses may cause respiratory depression, coma and death. Caution: Causes true addiction!

Morphine addicts, in an attempt to regain euphoria, have been known to increase their daily dose to extremely large amounts with only partial and transitory success. Because of development of physical dependence along with the development of tolerance, morphine abstinence phenomena now appear if the accustomed dose is withheld.

Withdrawal illness is experienced by an opiate user when he stops taking drugs. Such symptoms include restlessness, anxiety, frequent yawning running of the eyes and nose, pupillary dilation, sweating and gooseflesh, followed later by muscular aches and twitches, abdominal cramps, vomiting and diarrhea, rapid pulse, elevated blood pressure, insomnia, loss of appetite and weight. Between forty-eight and seventy-two hours after his last dose of drugs, the patient reaches the peak of suffering.

These withdrawal symptoms are experienced by morphine, heroin, or any other opiate drug user that has been taking it daily for a few weeks.

HEROIN The narcotic that is most subject to abuse among young people today is heroin. Heroin, known as diacetylmorphine, is a white crystalline powder, odorless but with a bitter taste and it is chemically derived from morphine.

This drug is more potent that morphine and is very addicting. When taken into the body, circulation and respiration are slowed down, blood pressure is lowered, and the metabolic rate is reduced. The production of body fluids is retarded. Serious dehydration, digestive disturbances, and chronic constipation frequently result. There is usually a loss of appetite with consequent extreme loss of weight.

The most important effect of heroin, as far as the user is concerned, is the feeling of euphoria - - the sense of well-being which he experiences immediately after his injection.

Heroin is variously known as H, Boy, White Stuff, Harry, Joy Powder, and Scot.

Only physical dependence to heroin is established – and heroin dependence develops even more rapidly than morphine dependence - - the heroin user is caught between two highly compelling motivations - - the desire to again experience a euphoric state and to keep mainlining heroin to order to prevent withdrawal illness. The addict is hooked.

What are some other opiate drugs? Codeine is a white powder or crystals obtained from opium. It is much milder than morphine and it s used for relief of mild pain and coughs. It may be found in cough syrups. It is addicting.

Percodan, a recently developed derivative of codeine, relieves pain and is stronger than codeine. It also is addicting and is controlled by the federal narcotic laws.

Demerol and methadone are synthetic substitutes for morphine that have no relation to natural opium and which relieve pain in much the same way as morphine; however, they are just as addicting as morphine, if not more so.

New drugs are tested at the U. S. Public Health Service Hospital, Lexington, Kentucky, the Addiction Research Center of the National Institute of Mental Health, to see if it is addicting. If it is, it is then reported to the commissioner of the Bureau of Narcotics, after which a Presidential executive order restricts its use.

Substances used in sniffing have household uses but may contain solvents such as benzene, toluene, carbon tetrachloride, ethyl alcohol, and ethyl acetate. These substances can cause serious physical damage to nerve cells, the liver, the kidneys, and the blood-forming tissue of the body.

THE ENDOCRINE GLANDS

The endocrine glands, or the ductless glands of the body, are important in that they produce substances known as hormones which effect chemical changes very necessary for the proper functioning of the body. Diseases of the endocrine system are usually due to an overabundance of one or more of these hormones which are taken to the different parts of the body by the blood stream. Whenever there is a hormonal imbalance and corrective measures are dictated by a physician, then hormones manufactured synthetically or extracted from the glands of animals are used. The glands associated with the producton of these chemical effectors are the pituitary, thyroid, the parathyroids, thymus, pancreas, and the suprarenal glands.

When the pancreas has been removed or wherever there is an insufficiency of the hormone insulin (which effects the oxidation of glucose in the body), a person discharges an excessive quantity of urine, and faces other physiological complications. These are symptoms of the disease diabetes.

Patients are then given prescribed doses of insulin to correct the deficiency.

One of the hormones formed in the core of the adrenal or suprarenal glands is known as epinephrine or adrenaline which serves as a heart stimulant and as a vasoconstrictor. There are other hormones produced by the suprarenals.

THE URINARY SYSTEM

The kidneys, the ureters, the urinary bladder, and the urethra make up an integral part of the human excretory system which specifically is referred to as the urinary system. The main function of the urinary system is to eliminate waste from the bloodstream and the function of the kidneys is to regulate the concentration of various substances dissolved in the blood, to maintain the balance between acids and bases, and to keep the blood volume constant. The kidneys also regulate the composition of all body fluids indirectly.

The urine, which is colored by a pigment called urochrome, consists of 95 percent water. The remaining 5 percent contains such inorganic chemicals as sodium chloride and sulfates and phosphates of sodium, potassium, and calcium. The chief organic substances contained in urine are urea, uric acid, and ammonia.

Diuretics are used to increase the urine flow and help in cleaning out impurities caused by infections in the kidneys. Diuretics act on the kidney to increase the rate of excretion of water.

The most active diuretics can be obtained through prescription. Some of these may include digitalis, strophantin, salyrgan, and novarusurol. These are obtainable only through a physician's prescription.

CONCLUSION: It is hoped that this discussion on some of the therapeutic drugs will afford the student with a basic understanding of pharmacology and its applications. Also, this course of study is intended as an instrument by which the student will come to realize that the human body is truly a beautiful God-given assembly of biochemical and psychological processess which should be cared for and not be treated with disdain and abandon.

Young people of today have a tremendous responsibility to shoulder in trying to solve the many and varied sociological problems that exist. Certainly, this is not a position they can assume if there exists an aura of individual irresponsibility as is exemplified by some in their indiscriminate use of drugs.

The discipline that is involved with the self, the exercise of moderation and intelligent decision-making when it comes to the use of our human body are necessary precursors to an assumption of a mature and responsible role in our society.

Responsibility with the self and the family, with our individual communities, and with our nation provides the necessary ingredient in a rewarding life of challenge and fulfillment.

TEACHER'S NOTES

CHEMISTRY

INTRODUCTION TO LEVEL IV CHEMISTRY

This course of study as prepared for chemistry encompasses but a small facet of the total drug picture and in no way is it intended as a treatise on the biochemistry of some therapeutic drugs. Rather, it is intended for use as an integral part of a first-year chemistry course which, when coupled with drug information in the other disciplines, will enable the student to gain a better perspective on drug abuse.

Since most of the compounds with which this course of study deals are organic, it might be well for the teacher to spend some time on the spatial orientation, structural configuration, substitution products, the aromatic compounds, etc. This, of course, depends on the breath of the course and, certainly, on the discretion of the instructor.

Otherwise, the material herein contained may be used whenever molecular formulas, molecular weight, percentage composition, empirical formulas, or practical chemical applications are discussed.

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

LAREDO INDEPENDENT SCHOOL SYSTEM DRUG EDUCATION PROGRAM

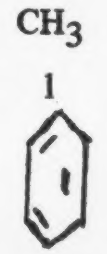
Concept: High school students should be furnished with basic information concerning the chemistry of some drugs.

Grade Level: IV Chemistry

Content	Motivating Questions
I. Drugs variously classified as depressants include:	
A. Barbiturates 1. Phenobarbital (5-ethyl-5-phenyl barbituric acid)	By what trade names is phenobarbital known?
(Formula: $C_{12} H_{12} N_2 O_3$)	What is the chemical formula of this drug?
(M.W. 232.23)	What is the molecular weight of this organic compound?
(C - 62.06% H - 5.21% N - 12.06% O - 20.67%)	What is this drug's percentage composition?
	In what doses is phenobarbital administered?
	Are there any medicinal or veterinary uses for phenobarbital?
2. Secobarbital	What trade names is secobarbital given?
(Formula: $C_{12}H_{17}N_2O_3Na$)	What are the chemical elements that make up this preanesthetic?
(M.W. 260.27)	What is its molecular weight?
(C - 55.37% H - 6.58% N - 10.76% O- 18.44% Na - 8.84%)	What is the percentage composition?
	What is the usual dosage administered?
	Is it used by veterinarians?

Content	Motivating Questions
B. Tranquilizers	
1. Meprobamate (miltown)	By what names is this tranqulizer known?
(Formula: $C_9H_{18}N_2O_4$)	What is its molecular formula?
(M.W. 218. 25)	What is its molecular weight?
(C - 49.53% H - 8.31% N - 12.84% O- 29.32%)	What is the percentage composition of this tranqulizer?
2. Chlordiazepoxide (Librium)	By what names is this tranquilizer known?
(Formula: $C_{16}H_{14}Cl\,N_3O$)	What is the molecular formula of Librium?
(M.W. 299.75)	What is its molecular weight?
(C - 64.11% H - 4.71% Cl - 11.83% N - 14.02% O - 5.34%)	What is the percentage composition? Why is Librium classified as a minor tranquilizer?
3. Chlorpromazine hydrochloride (Thorazine)	Under what trade name is this tranquilizer sold most commonly?
(Formula: $C_{17}H_{19}Cl\ N_2\ S$	What are the medical uses of Thorazine? Veterinary uses?
II. Drugs that act as stimulants include:	
A. Amphetamines	
1. Amphetamine (1 - phenyl - 2 - aminopropane)	By what trade names is this stimulant known?
(Formula: $C_9H_{13}N$)	What is the formula of Benzedrine?
(M.W. 135.20)	What is its molecular weight?
(C - 79.95% H - 9.69% N - 10.36%)	What is the percentage composition of this compound?

Content	Motivating Questions
	What are the medical and veterinary uses of amphetamine?
2. Methamphetamine (d-desoxy-ephedrine hydrochloride)	What are the chemical names by which this drug is known?
	What trade names have been given to this drug?
(Formula: $C_{10}H_{15}N \cdot HCL$)	What is the chemical formula and what is the molecular weight of this compound?
(C - 64.68% H - 8.68% Cl - 19.09% N - 7.54%)	What is the percentage composition of this drug?
	What are some medical and veterinary uses for this drug?
III. Drugs classified as hallucinogens include:	
A. Marihuana (Cannabis sativa)	Chemically, what are the most active substances in marihuana?
	What is the human toxicity of Cannabis sativa?
	By what common names is this plant known?
	What is hashish?
	Has marihuana any medical uses? Any veterinary uses?
	What is the most active ingredient in marihuana?
B. LSD (D-Lysergic acid diethlamide)	What is the chemical name of this substance?
(Formula: $C_{20}H_{25}N_3O$) (M.W. 323.42)	What are the molecular weight and formula of LSD?
(C - 74.27% H - 7.79% N - 12.99% O - 4.95%)	What is the percentage compositon of LSD?
	What are the medical uses, if any of this very potent drug?
	Is LSD being used in biochemical research?
	What are the slang names for this drug?

Content	Motivating Questions
C. Mescaline (3, 4, 5 - Trimethoxy - phenethylamine)	What is the source of this drug?
(Formula: $C_{11}H_{17}NO_3$)	What is the molecular weight of mescaline? Molecular formula?
(M.W. 211.25	Is there any medical use for this drug?
(C - 62.54% H - 8.11% N - 6.63% O - 22.72%)	What is the percentage composition of mescaline?
D. Psilocybin	
($C_{12}H_{17}N_2O_4P$) (M.W. 284.27)	What is the molecular formula of Psilocybin? The molecular weight?
(C - 50.70% H - 6.03% N - 9.86% O - 22.51% P - 10.90%)	What is the percentage composition of this drug?
	What is the natural source of this drug? (The mexican hallucinogenic fungus: Psilocybe mexicana)
IV. Some drugs that are classed as volatile chemical substances include:	
A. Toluene (Toluol)	
(Methylbenzene, phenylmethane)	What are the chemical names of this drug?
(Formula: C_7H_8) (M.W. 92.13)	What is the molecular formula of Toluol? Molecular weight?
	What is the structural formula of Toluene?

Content	Motivating Questions
(C - 91.25% H - 8.75%)	What is the percentage composition of Toluene?
	Are there any industrial uses for Toluene?
	What is the human toxicity of Toluol?
	Are there any medical uses of Toluol?
	Is this drug more or less toxic than Benzene?
B. Benzene (cyclohexatriene)	What is the chemical name of Benzene?
(Formula: C_6H_6) (M.W. 78.11)	What is the molecular formula of Benzene? Molecular weight?
(C - 92.25% H 7.75%)	What is the percentage composition of this substance?
	What are the industrial uses of Benzene?
	Are there any medical uses?
	What are the toxic effects of this drug?
C. Carbon Tetrachloride ($C Cl_4$)	What is the molecular formula of carbon tetrachloride?
(tetrachlomethane perchloromethane)	What chemical names are given to this compound?
	What are the household uses of this substance?
	Are there any industrial uses for CCl_4? Any medical uses?
	What are the physiologic effects of CCl_4 inhalation?
	How does it affect certain organs of the body, such as the liver?
	What is fatty infiltration?

Content	Motivating Questions
	What is the body biochemistry of CCl_4 inhalation?
	What use is made by veterinarians of this drug?
V. Drugs classified as narcotics include:	
A. Opium alkaloids 1. Morphine	By what names is this drug known?
(Morphium, morphia, morphina)	
(Formula: $C_{17}H_{19}NO_3$) (M.W. 285.33)	What is the chemical formula of morphine? Molecular weight?
(C - 71.56% H - 6.71% N - 4.91% O - 16.82%)	What is the percentage composition of morphine?
	Is morphine an analgesic?
	Is there any analgesic, as effective as morphine, that is non-addicting?
	What are the medical uses of morphine?
	How is this drug used by vets?
	Is morphine the most important alkaloid of opium?
	What is the approximate percent concentration of morphine in opium?
	Can extraction of this alkaloid be accomplished chromatografically?
	What are some side effects of taking morphine?
	Does morphine cause true addiction?
	Is withdrawal illness experienced by an opiate user when he stops taking drugs?

Content	Motivating Questions
2. Diacetylmorphine (Heroin, diamorphine acetomorphine)	How is this drug most commonly known? What are the slang terms given to this drug?
(Formula: $C_{21}H_{23}NO_5$) (M.W. 369.40)	What is the chemical formula of this drug? Molecular weight?
(C - 68.28% H - 6.28% N - 3.79% O - 21.66%)	What is the percentage composition of heroin?
	Is heroin a morphine derivative?
	Is heroin more addicting than morphine?
	Are there any medical uses for heroin?
3. Codeine (Methylmorphine)	What is the chemical name of this drug?
(Formula: $C_{18}H_{21}NO_3$) (M.W. 299.36)	What is the chemical formula of codeine? Molecular weight?
(C - 72.22% H - 7.07% N - 4.68% O - 16.03%)	What is the percentage composition of codeine?
	How addicting is this drug?
	What are the medical uses of this drug?
	Is this drug used in cough medicines?

TEACHER'S NOTES

HEALTH AND PHYSICAL EDUCATION

INTRODUCTION TO LEVEL IV HEALTH AND PHYSICAL EDUCATION

Health education offers a unique opportunity for drug abuse instruction. Students should be given opportunities to acquire knowledge and develop attitudes that will be beneficial to their health and that will make them valuable members of society.

We recommend that students in the tenth grade be taught to understand the nature and magnitude of the drug problem. Reasons will be given to explain why the drug problem has grown to what it is today. Students must be made aware that we do have a problem.

The physical and mental effects of drug abuse on man's health is recommended for the eleventh grade. This section explains how man's total health is affected by drug abuse.

The section on social and cultural implications of drug abuse on the individual should be discussed in the twelfth grade. Students should be encouraged to voice their opinions since they are seniors and will soon be in a position to shape our society and our culture.

Since different schools teach health at different grade levels and for varying lengths of time, this unit could be taught in its entirety in one grade.

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

Concept: Students should be given opportunities to learn the health problems brought about by drug abuse in our society and to understand its social and cultural implications.

Grade Level: IV - Health

Sub-concept: Students need to understand the nature and magnitude of the drug problem that exists.

Content	Motivating Questions	Teaching Suggestions
I. We live in a drug-oriented society.	Why are we known as a drug-oriented society? Have we just begun to be drug oriented?	
A. Advertising stimulating the public's general acceptance of drug use	What role does the news media play in drug abuse?	Assign students to bring to class newspaper advertisements of medicines.
1. Newspaper Ads a. Simple ways to reduce b. Means of relaxing and and forgetting your worries c. Just mailing a coupon d. Paying as little as twenty-five cents e. Money back guarantees	Do you believe everything you read?	Discuss the credibility of such articles.
2. Televison Commercials	Do televison commerials influence your final decision on what medicine to buy? How?	Assign student to act out a favorite medicine type T.V. commercial.

Content	Motivating Questions	Teaching Suggestions
a. An aid if you are "at the end of your rope."		Discuss: The average television viewer believes what he sees.
b. An aid that will "help you get a good night's sleep"		
B. Increase in self-medication without adequate supervision and advice		
1. The so-called non-prescription drugs	What are the dangers of using non-prescription drugs? What are the dangers if you follow directions exactly?	
a. Approval of all medicines before they can be sold by the Food and Drug Administration	Can we believe the Food and Drug Administration?	
b. Follow recommended dosage		
2. Some type of habituation if not true addiction	What is meant by habituation?	
a. Over 700 different laxative products	What harm can come from habitual use of laxatives?	
b. Hundred of pain killers for the everyday headache		
c. Greater and greater emphasis on use of newer "chemical crutches" by society		

Content	Motivating Questions	Teaching Suggestions
(1).At least one prescription per visit to a physician	Why do people almost insist in getting a prescription everytime they visit their physician?	Have students bring a count of the different kinds of drugs in their medicine cabinets. Distinguish between prescriptive and nonprescriptive drugs.
(2).Over-stocked medicine' cabinets	What medicines are found in your medicine cabinet? Do you need all of them?	
(3).Crammed prescription files of pharmacies	What medical value do vitamins have? How could vitamines be harmful?	Have a class choose a small committee to interview local pharmacists to find out if your city has a problem in the over-dependence of tranquilizers. They should report to entire class
(4).Sedatives and tranquilizer - - single widely prescribed class exceeded only by anti-infectives		
(5).Today an age of "pharmaco-mania"	What is meant by "pharmaco-mania."?	
II. Our society places double standards on the term "drug abuse."	What is meant by "drug abuse"?	
A. Caffeine - - a drug of habituation and perhaps of addiction	Is caffeine a stimulant or a depressant?	
1. Coffee or tea dependence	Do you drink coffee or tea? Does everyone who stops drinking coffee get headaches? Why?	Take a classroom survey of students to find out whether their parents drink coffee or tea.
2. Withdrawal-type headaches caused by elimination of caffeine from diet of excessive user	Would you classify five cups of coffe a day as "drug abuse"? Are you a "drug abuser"?	Discuss the American custom known as the coffee break.

Content	Motivating Questions	Teaching Suggestions
B. Nicotine – psychological if not physiological dependence	Is nicotine harmful? How does smoking cause psychological dependence? physiological dependence?	Discuss: Ask students what advice they would give to their own children on smoking.
1. About 80 million American cigarette smokers		
2. Violent objection by smokers when labeled "drug abusers"	Would you be upset if your parents were called "drug abusers" because they smoked?	
C. Alcohol - - a drug	Would you classify alcohol as a drug? Why? Why not?	Assign students to check with the local Alcoholics Anonymous Organization to find out how extensive the problem of alcoholism is in our city. They should report to class.
1. Part of American way of life		
2. Country of "social drinkers"	Do you think that you will ever become a "social drinker"? Why? Why not?	
3. Alcohol psychosis		
4. Alcoholism not labeled as drug abuse by society	Why does society accept proven harmful drugs? Do you uphold double standards?	
III. In a world of doubtful standards, some people become reliant on drugs.	Are our double standards so obvious?	
A. Older generation trying to bequeath a world in bad shape	What is your definition of "the establishment"?	Organize discussion groups on the doubtful standards set by "the establishment". Each group should report to entire class.

Content	Motivating Questions	Teaching Suggestions
1. A world where war is common place	What would you say are the reasons people start using narcotic drugs?	
2. A world constantly threatened with annihilation		
3 A world of unrest		
B. Escape from the problems and monotomy of everyday life	For how long will you forget your problems by resorting to drugs?	
1. Wrong and misery	After using drugs, is the problem solved?	
2. Racial strife		
3. Boredom		
4. Social pressures	What is meant by "social pressures"? What does social pressure have to do with drug abuse?	
5. Self-destruction rather than take part in a society with disgusting values		
C. Increased availability of drugs.		
1. Drug products move from pharmacy to patient in one to two ways:		

Content	Motivating Questions	Teaching Suggestions
a. Because of their potency, many drug products are required by law to be sold by prescription only.	Are prescription drugs always safe?	Assign students to conduct a study of the average number of prescriptions that are filled per day at the local pharmacies. They should report to the class.
b. Some products are sold "over-the-counter - - OTC.	Are there any dangers involved in non-prescription drugs?	
2. Aquisition of drugs through illicit channels		
a. Some drugs not only used illicitly but made illicitly.	What are some dangers found in drugs that are made illicitly?	Demonstration: Teacher will bring 2 indentical capsules from his medicine cabinet. One is the real drug, and the other is filled with any powder. Ask students to determine which is real drug.
(1) Inferior drug products (2) Clandestine "manufacturers" (3) Illicitly operated by "front organizations."	Could you distinguish on inferior drug? How?	
b. International border smuggling of illegal drugs (Marihuana and heroin)		

Content	Motivating Questions	Teaching Suggestions
(1) Smuggling through Mexico	How could our border with Mexico be more adequately checked for drug smuggling?	
(2) Thinly patrolled border		
c. The "bulk pedler" entering the chain of drug distribution.		
(1) Obtains drugs from illicit manufacturers or smugglers.		
(2) Deals in hundreds of thousands of capsules and tablets		
(3) Sells to truck stops, "diet mills" newstands, and restaurants	Would you buy a drug at a bar? What kind of a drug? Why? Why not?	
d. Defrauding legitimate supply sources		

Content	Motivating Questions	Teaching Suggestions
(1) Stealing a physician's prescription pad and forging a prescription	How may physicians prevent forging of prescriptions?	Students will ask local physicians if they follow any specific procedure if they should misplace their prescription pad. Report to entire class.
(2) Altering a legitimate prescription by writing in a greater quantity of tablets or capsules		Have students ask local pharmacists if they check with physicians when the amount of tablets or capsules on the prescription exceeds normal quantities. Report to entire class.
e. Few arrests each year for illegal sale of drugs by pharmacists and physicians	Why do you think professional misconduct is small?	
f. Huge profits from sale of illegal drugs		
(1) Low prices at the beginning		
(2) Determining factors - - supply and demand		
(3) Demand increase at the end		
D. Age of permissiveness	What is meant by permissiveness? Do you believe students have more privileges now than 10 years ago? 20 years ago?	

Content	Motivating Questions	Teaching Suggestions
1. Breakdown of family as a unit in our society		
a. Increasing number of divorces		
b. Lack of respect for parents		
c. Double standards of parents	Do you believe that parents are guilty of advocating double standards?	
2. Corroding moral standards		
a. Acceptance of lower values by society	What examples can you give to prove our moral standards are corroding?	
b. The fall of the American Empire		
3. Problem-people rather than drugs		
a. Drug not dangerous in and of itself		
b. Danger in the use of nearly any drug by people	Who abuses drugs?	Form discussion groups: "The mischief is not really in the drug but in the people."
E. Acceptability of a particular drug in a society		

Content	Motivating Questions	Teaching Suggestions
1. Based on religious factors		
2. Socio-economic factors		
3. Geographic region	What drugs are accepted in the United States? In China?	
4. Moral standards of the group		
5. Availability of certain drugs		
6. Cultural and ethnic considerations		

TEACHER'S NOTES

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

Sub-Concept: Drug abuse creates physical and mental problems which affect man's health.

Grade Level: IV - Health

Content	Motivating Questions	Teaching Suggestions
I. Acute and intensified use of drugs may cause unfavorable reactions.		
A. Drug intoxication	What is drug intoxication? How long do the effects of intoxication last?	Assign students to bring a report on local cases of drug intoxication. They may consult local physicians.
1. Changes in motor coordination		
2. Changes in central nervous system response a. Response may vary b. From coma to convulsion c. Depends which drug is involved		
3. Changes in the autonomic nervous system response		
a. Blood pressure	What is a sphymomanometer? What is normal blood pressure? What causes abnormal blood pressure? Do all people have the same blood pressure?	Ask the school nurse to explain the procedure and the instrument used to determine blood pressure. Students may use it to check other students.
b. Cardiac rate c. Respiratory changes		

Content	Motivating Questions	Teaching Suggestions
4. Possible psychological responses		
a. Changes in modality of sensations		
b. Changes in social responsibility during acute intoxication stage		
B. Side effects of misused drugs		
1. Drug actions other than those expected of such drugs	Why do people neglect to read about the possible side effects of drugs?	Assign students to bring to class warning brochures that accompany most drugs especially those sold over the counter. Let students read the warnings to the entire class.
2. Affects different people in different ways	Why do drugs affect different people in different ways?	
3. Upsets performance of body organs		
4. Different drugs-different side effects		
C. Allergenic type of reaction	Why are people allergic to drugs?	
1. Response that cannot be traced to the pharmacology of drug	Do you know of any drug that you are allergic to?	

Content	Motivating Questions	Teaching Suggestions
2. Hypersensitivity		
3. Allergenic response	What are your allergenic responses to such drug?	
a. Urticaria hives		Form discussion groups and have the students investigate whether members of their families are allergic to drugs.
b. Gastrointestinal upheavels		
c. Changes in blood pressure		
d. Dermatitis	What is dermatitis?	
D. Delayed response		
1. Danger in acute administration	Why must drugs be taken at spaced intervals?	
2. Pharmacological or psychological effect after drug has been eliminated from system		
a. Physiological changes initiated by drug while in body	How do drugs leave the body?	Use a body diagram and follow the drug path.
b. Physiological changes after drug has left body		
II. Chronic administration or long indulgence of drugs brings unfavorable responses.		

Content	Motivating Questions	Teaching Suggestions
A. Drug tolerance	What is tolerance?	
1. "Absolute tolerance"	Which drugs produce absolute tolerance?	
a. Becomes entirely ineffective		
b. No matter how much dose increased		
c. Insusceptibility		
2. "Nonabsolute tolerance"	Which drugs produce nonabsolute tolerance?	
a. Systematic increased dosages		
b. Always a dose that achieves an effect.		
c. Keeps going up and up		
3. "Cross tolerance"		
a. Concurrent tolerance to a series of drugs		
b. Drugs of same nature		
c. Drugs belonging to same pharmacological class		Ask students to list drugs that belong to the same pharmacological class.
B. Habituation from chronic use		
1. Psychological dependence	What is psychological dependence?	
a. Desire	How do you classify aspirin use?	
b. Not a compulsion		

Content	Motivating Questions	Teaching Suggestions
c: Little or no tendency to increase dose d. Associated with most drugs of abuse e. Does not usually lead to tolerance		
2. Detrimental effect primarily to the individual user		Have the student look up drugs that are detrimental. Each student can research a particular drug and report to the entire class.
a. Society seldom affected b. Influenced by psychological make-up of individual		
c. Difficult to break despite absence of physical dependence	Why is habituation difficult to break ?	
C. Addiction quite different from habituation	How can you recognize an addict?	
1. Physical dependence		
2. Withdrawal sickness a. Produces series of characteristic reactions	Can the addict himself recognize that he is an addict?	
b. Actual physiological responses with sudden discontinuation		

Content	Motivating Questions	Teaching Suggestions
c. Overpowering desire, need, or compulsion to continue use		
d. Produce tolerance		
e. Acquisition of drugs by any means	How do addicts acquire needed drugs?	
3. Associated mainly with opiates and barbiturates wrongfully used		
D, Degeneration from chronic drug usage	What are some physical signs that can be observed of chronic drug users?	
1. Physical degeneration		
a. Retrogessive pathological process		
b. Cells undergo deterioration 1. Fatty degeneration of kidney 2. Fatty changes of liver 3. Aplastic anemia - defective function of blood forming organs		
2. Psychological deterioration		

Content	Motivating Questions	Teaching Suggestions
a. Difference in capacity to perform b. Changes in basic mechanisms of the central nervous system		
E. Genetic and teratogenic effects		
1. Changes in sexual desire	What are normal sexual desires?	
a. Psychic impotency	What is impotency?	
b. Actual organic impotency c. An aphrodisia feeling of increased sexual drive		
2. Malformation of the fetus		
a. Thalidomide	Why is thalidomide dangerous?	Assign students to bring reports on the medical uses of thalidomide such as on its effects on leprosy.
b. LSD 1. No evidence of relation between parental exposure and major congenital defects		
2. Higher incidence of spontaneous abortions		Divide class into discussion groups: LSD causes chromosomal damage.

Content	Motivating Questions	Teaching Suggestions
3. No evidence that use by men prior to conception produces birth defects, abortions, or premature births		
c. Glue-sniffing 1. Possible chromosone damage 2. Possible liver damage 3. No evidence of kidney damage		
F. Drug interaction of abused drugs with normal therapeutic agents		
1. Potentiation a. Augment with second drug b. Response produced greater than predictable effect	What dangers does potentiation produce?	
2. Antagonistic a. No beneficial effects b. Possible counteraction of therapeutic agent by abusive drug		
III. Nonhygienic use of drugs A. Problem of infection		

Content	Motivating Questions	Teaching Suggestions
1. Nonsterile syringe and needles	How may you dispose of used syringes and needles?	Demonstrate to the class how to dispose of a syringe and needle that has been used. (Bend the needle and break the syringe.)
a. Bacterial diseases b. Viral hepatitis	Where are syringes and needles gotten from?	
2. Use of same syringe and needle by several people	Where are nonsterile syringes and needles gotten from?	
a. Skin abscesses b. Inflammation of the veins		Ask the school nurse to talk to the class on skin infections.
3. Contaminated drugs		
4. Passing marijuana cigarette around from mouth to mouth	What diseases may be contacted from passing a cigarette from mouth to mouth	
B. Unsightly blemishes on skin		
1. Arms and legs become scarred and ugly		
2. Efforts made to hide them	How are skin blemishes hidden?	
IV. Administration		
A. Methods by which drug is given or taken		Ask a local physician to explain to the class the reasons why drugs must be administered in a particular way.
1. Oral/injection-different effects	Why are the effects of drugs different when given orally to when injected?	
a. Oral-results slow and less effective		
b. Injection - more dangerous	Why are some drugs dangerous when given by injection?	
2. Inhalation	Why does inhalation of glue produce such rapid results?	
a. Some more active when inhaled (1). Glue		

Content	Motivating Questions	Teaching Suggestions
(2.). Gasoline (3.). Lighter fluid (4.). Paint thinner	What would be the results if you drank gasoline or paint thinner?	
b. Cocaine inhaled or insufflated (1.). Extremely dangerous if administered intravenously (2.). May cause nose ulcers		
B. Physical nature of person receiving drug	How does size affect the results of a drug?	
1. Size and age a. Plays big role in ultimate response b. Modifies the size of the effective dose	How does age affect drug results?	
2. Sex of the recipient a. Barbituates affect differently b. Differences in enzymes and hormones		
C. Action due to the drug itself		
1. Purity of drug	How can the average person judge the purity of a drug?	
2. Solubility		
3. Type of diluent or substance in it	How can the buyer tell if a drug has any foreign substance?	

TEACHER'S NOTES

THE USE, MISUSE, AND ABUSE OF DRUGS AND NARCOTICS

LAREDO INDEPENDENT SCHOOL SYSTEM'S DRUG EDUCATION PROGRAM

Concept: The abuse and misuse of drugs creates serious implications on our society and culture.

Grade Level: IV - Health

Content	Motivating Questions	Teaching Suggestions
I. Drug abuse is a form of deviant behavior which violates social expectations.	What is a deviant behavior?	Ask students to make a list of what was considered deviant behavior ten yearsago as compared with today's behavior.
A. Pressures from society	How would you define the term "society"?	
1. Disassociation	What behavior does society expect from you?	
a. Characteristics and traits of the individual not equal to those valued by his particular society	What are some characteristics that are valued?	Divide students into groups and let them discuss the different characteristics and traits valued by his particular society. One student per group will report on his group findings. Compare the different opinions.
b. Limited roles that can be played in society	What roles do you play in society?	
c. Not adequately socialized	Are you socialized?	
d. Withdrawal from society	Do you reject any aspects of society?	
(1). Does not reject all of society		

Content	Motivating Questions	Teaching Suggestions
(2). Rejects aspects which are personally frustrating and distressing		
e. Intense loneliness		
(1). Common, despite appearance of having many contracts and friends		
(2). Driving force to heavy drug use	How does loneliness lead to heavier drug use?	
(3). Lack of genuine warm, deep rooted relationships because of drugs	How do you judge a true friend ? Are friendships associated with drugs long lasting? Why not?	
(4). Life without goal		
f. Mistrust	Would you trust a known drug user?	
(1). Always present		

Content	Motivating Questions	Teaching Suggestions
(2). Inability to form close relationships		
2. Loss of status	What is your status in society?	
a. No position and rank		
(1). Seeks new status	What problems will a person seeking a new status face?	
(2). Identifies not with conventional society		
b. Drug movement quick solution		
(1). Reinforces identity	What is your definition of identity?	Have a committee list and report reasons why the drug movement offers a solution to the loss of status. Compare the reasons given to the ones listed here.
(2). Offers him new "peers"		
(3.). Identifies with others like him	Is there a need to identify with others? Why?	

Content	Motivating Questions	Teaching Suggestions
(4.). Has a new role to play		
(5.). Has known reputation		
(6.). Labels him: "speed freak" "acid head" or "pot head"	What pride is there in these special names?	
(7.). Becomes "somebody"		
B. Long term implications of drug abuse		
1. Haunting records		
a. Police records		
b. Limited employment opportunities	Why are employment opportunities limited?	Assign some students to investigate the importance of records pertaining to employment. They should interview people from local employment offices and local business men. They should report to the entire class on their findings.
2. Constant stress and fear		
a. Fear of maintaining steady legitimate employment		
b. Fear of exposure		

Content	Motivating Questions	Teaching Suggestions
(1). Loss of prestige in employment		
(2). Criticism by peers		
3. Stressing sexual conflicts produces - -		Form small research committees and give each committee responsibility for reporting on the following topics: (1) How have addicts succeeded in married life? (2) Statistics on divorce among drug addicts; (3) LSD and chromosone deficiencies.
a. Fear-thus making good emotional relationships rare		
b. Physical relationships also rare		
c. Higher abortion incidences caused by some drugs		
II. Serious cultural implications brought to light by drug abuse	What is meant by the term "culture"?	Ask students to give their own definition of the following: "sub-society", "sub-culture". "normal people". Then have the class discuss these definitions and encourage the students to ask questions freely regarding any point they do not understand.
A. Society of their own rejecting society of "normal people"	What is your definition of "normal people"?	
1. Sub-societies within their own sub-cultures	What is a sub-society? How many can you name?	

Content	Motivating Questions	Teaching Suggestions
a. Hippie groups		
b. Criminal under world		
c. Skid row		
d. Homosexuals		
e. Haight-Ashbury district		
2. Their own social structure and processes		
3. Their own folkways, mores, taboos	What are some mores found in the drug user's sub-society? What are some taboos?	Ask students to list folkways, mores, and taboos found in his culture. Give examples of how they differ from the drug user's subculture.
4. An idiomatic vocabulary of their own	How does you vocabulary differ from your parents?	
B. A sub-culture with beliefs and corresponding patterns of language and behavior that will make them even more alien to the larger society		Have each student in the class write an essay on why the drug user's sub-culture will or will not separate him from society.
1. Increased alienation reduces larger society's tolerance of deviance.	How does the drug user's sub-culture alienate him from society?	

Content	Motivating Questions	Teaching Suggestions
a. Increased number of persons labeled as deviants		
b. Leads drug users to withdraw even further from the larger society		
2. Certain credentials in order to belong to a new group	What credentials must you have to be accepted in your group?	
a. Common values which usually include a criminal orientation		
b. Knowledge of when and how to talk to the (cops, establishment, "fuzz")		Have students compile a list of new terms used by the members of his own particular group. Compare the different lists of individual students. See if the same words are found in each list.
c. Learning what is regarded as being a "snitch"		

Content	Motivating Questions	Teaching Suggestions
3. Solution to many social walls which separate people		
a. Heroin not discriminating		
(1). Shows no prejudice		
(2). Known as the "great equalizer"		
b. Group not important	What group do you belong to?	
(1). Rich or poor		
(2). Indiscriminate to social class	Is the group accepted?	
III. The role of society is to help persons regain accepted values.	How many individuals help?	

Content	Motivating Questions	Teaching Suggestions
A. Development of means to intercept the "susceptible individual" at the same stage in his life cycle before he commits himself to the addict sub-culture		
1. Education important	How can education help?	Form two debating groups of three students each. Topic: Society can (can not) help a drug addict. Present a debate session with a question and answer period at the end where the entire class can participate.
2. Re-examination of customs, views, and our so called "accepted values"	What is wrong with our customs and values? Should we change them? How would you change them?	
B. Sub-culture's two important needs:		
1. Provide for status achievement not available in the square society	Do you consider society to be square?	
2. Places positive values on behavior condemned by social norms		
C. Once encultured, no simple exit from the drug life	How big ' a problem does society face? What do you predict?	Ask students to write an essay on whether or not the problem of drug abuse will ever be solved. They will then be read to the entire class.

TEACHER'S NOTES

APPENDICES

APPENDIX A
SPECIFIC TERMINOLOGY

Abstinence syndrome	Also known as withdrawals. It is a common characteristic of dependence on drugs. It involves physical reactions to the removal of a drug.
Abuse	To use wrongly or improperly; misuse.
Addict	Any person who habitually uses any habit-forming drugs which are controlled by the Harrison Act of 1914, that is, alkaloids of the opium or coca leaves, Indian hemp, and peyote in all its forms.
Addiction	The state of being dependent on a drug or drugs to such a degree that the person in question must have a regular supply to avoid suffering and to function in everyday life. The dependence may be either physical or psychological or both.
Adulterant	Something which is not clean or healthful.
After care	Refers to treatment after institutionalization. It is also a specific provision of the Narcotic Addict Rehabilitation Act of 1966 where treatment and rehabilitation are continued in the community.
After flash (back-lash)	Recurrent hallucinogenic "trips" days or months after taking LSD.
Amnesia	Loss of memory or loss of a large block of interrelated memories.
Amphetamines	Are synthetic (laboratory-invented, 1920) drugs that stimulate the central nervous system. They give a sense of "lift" and good feeling, postpone fatigue, and the need for sleep; decrease appetite.
Amytal	The invented trade-mark for amobarbital sodium, a colorless crystalline compound used as a sedative and hynotic.
Analgesics	Drugs which relieve pain without loss of consciousness.
Anesthetic	A substance that produces entire or partial loss of feelings or sensations.
Antagonistic	Opposing or counter acting drugs or medicines.
Antidepressant	A drug which counteracts the feelings of depression.
Antiemetic	A drug, medicine, or substance which prevents vomiting or relieves nausea.
Antihistamines	A group of drugs developed in the last thirty years to treat allergic conditions such as asthma.

Antiseptics	Agents which destroy bacteria or prevent their growth.
Asthma cigarettes	From the dried parts of Datura stramonium (Jimson weed, Jamestown wee, thorn apple) a relative of the belladona family; believed to provide a "charge"
Barbiturates	A drug which serves as a depressant of the nervous system; used medically to quiet the nerves and to bring on sleep. Highly addicting, they can be intoxicating and dangerous.
Barbituric acid	The chemical compound from which the various barbiturates are derived.
Benzedrine	Trade name for amphetamine sulfate, sometimes used as an inhalant to relieve nasal congestion, or as a stimulant of the central nervous system.
Benzene	A volatile chemical used as a solvent for fats and resins and as a substance in making dyes.
Blackout	Temporary loss of consciousness; when used in reference to alcoholism, period of temporary amnesia occuring while drinking.
Bromides	Compounds of bromine with another element or radical; used in medicines as sedatives.
Caffeine	Alkaloid, chemical found in coffee, tea, and other substances: a stimulant to the central nervous system.
Carcinogen	Chemical, substance, or agent which tends to produce a cancer in the body.
Central Nervous System	The brain and spinal cord.
Chemicals	Any substances used in or obtained by a chemical process or processes.
Chemotherapy	The treating of a disease, either physical or mental, through the use of chemically synthesized drugs.
Chronic	Continuing for a long time; more specifically, used to describe condition of body or disease which is of long duration.
CNS - depressant	Medical; any agent that will depress the functions of the central nervous system. Legal: a drug which may produce any of the following: (1) calming effect or relief of emotional tension or anxiety; (2) drowsiness, sedation, sleep, stupor, coma, or general anesthesia; (3) increase in pain threshold; (4) mood depression or apathy; disorientation, confusion, or loss of mental acuity.
Cocaine	A crystalline alkaloid obtained from dried cocoa leaves, used medically as a local anesthetic and for dilation of the eye pupils; it is a narcotic.

Codeine	An alkaloid derived from opium and resembling morphine, but milder in action and less habit-forming.
Coma	Abnormal, deep stupor or sleep; unconsciousness.
Convulsions	An involuntary and violent irregular series of contractions of the muscles.
Counterfeit drugs	Product manufactured illegally in an attempt to defraud the public. Such a drug is a danger to the public in two ways: (1) there is no guarantee as to the amount, kind or quality of the ingredients used and (2) for those who need the drug for some prescribed medicinal use, it is devoiding them of proper treatment.
Cure-all	Something that is supposed to cure all ailments or evils; panacea.
Delirium	A temporary state of extreme mental excitement, marked by restlessness, confusion, disordered speech, and often hallucinations.
Demerol	A white, colorless, crystalline synthetic drug used in medicine as a sedative and analgesic; a trade mark (Demerol); it may be habit forming.
Denature	To change the nature of a substance, in reference to alcohol, to make it unfit for human consumption without affecting its usefulness for other purposes.
Dependence	A general term preferred by physicians over addiction. It is a state of psychic or physical need, or both, resulting from administration of a drug on a periodic or continual basis. It is usually associated with a particular drug, that is, drug specific.
Depersonalization	Loss of the sense of personal identity or of personal ownership of the parts of one's body.
Depressant	Any of several drugs which lower the rate of muscular or nervous activity. Medical uses include the treatment of anxiety, tension, and high blood pressure.
Depression	A mental illness characterized by agitation or inactivity and a sad, remorseful or brooding mood. The degree of depression may range from slight to severe.
DET	A synthetic derivative, (diethyltryptamine) similar in action to chemically related DMT.
Detergents	Cleansing substances, especially those that foam and clean like soap but are made from the alkyl benzene sulfates, and alkyl sulfates, etc.; not from fats and lye.
Dexedrine	Brand name for d-amphetamine sulfate, an amphetamine drug that causes stimulation of the central nervous system.

Dextroamphetamine	A type of amphetamine or stimulant drug, marketed under such names as "Dexedrine" or "Dexamyl".
Dilaudid	A derivative of morphine used to relieve severe pain and anxiety.
Disinfectants	Any substances that either destroy or prevent the growth of micro-organisms considered harmful to man or his possessions.
DMT	A synthetic derivative of tryptamine (dimethyltryptamine) provides central effects similar to LSD but of shorter duration.
Double blind	Term used in research to indicate that neither the patient or subject nor the experimenter know which of several drugs or placebo is given on the effects of the drug as pharmacologic agent.
Dosage	The giving of medicine in prescribed doses.
Dose	The prescribed quantity of a medicine or of a remedial agent to be given or taken at one time or at stated intervals.
Drug abuse	The self administration of excessive quantities of drugs leading to tolerance, physical and psychological dependence, mental confusion, and other forms of abnormal behavior. It is also considered to be the taking of drugs for the side effects that they produce.
Drug abuser	One who misuses drugs or other substances, has usually obtained them illegally, and administers them himself without medical advice or supervision.
Drug dependence	A state of addiction, meaning that a person has a need, either physical, psychological or, both–for a drug or drugs.
Drug misuse	The inappropriate use of a drug either through improper administration on the part of a physician, a pharmacist, or the individual. This term includes the use of a drug for medical reasons, but different from those intended when the drug was originally prescribed.
Drug synergism	Mutual support of different things in producing an effect greater than the sum of the effects of all the drugs acting separately (e.g. cocaine-heroin, alcohol-barbiturates).
Drug user	One who gets satisfaction from the use of drugs, but is not necessarily dependent on them.
Emotional dependence	The feeling that one must continue to use a drug in order to feel comfortable emotionally.
Energizers	Drugs used to stimulate or speed up the body. The scientific name for such drugs is amphetamines.

Euphoria	The feeling of contentment, well-being, security, and general happiness that a person experiences (for a time) as a result of taking drugs, and, at least in part, from a general depression of the cortical regions in the brain along with a reduction of anxiety, tension, and inhibitory control.
Exempt narcotics	That group of narcotic drugs which can be purchased without prescription; however, the law requires the purchaser's signature.
Felony	Offense punishable by death or imprisonment for more than one year.
Habituation	A psychological dependence upon a drug; or as defined in 1957 by WHO, drug habituation is a condition resulting from the repeated consumption of a drug, which includes these characteristics: (1) a desire (but not a compulsion) to continue taking drugs for the sense of improved well-being that it engenders; (2) little or no tendency to increase the dose; (3) some degree of psychic dependence on the effect of the drug but absence of physical dependence and, hence, no abstinence syndrome; (4) a detrimental effect, if any, primarily on the individual drug user.
Hallucination	Distortions of the perceptive processes; perceptions of people and objects; and sensory experiences of which there is no cause or explanation.
Hallucinogen	Any of several drugs popularly called psychedelics, which produce sensations such as distortions of time, space, sound, color, and other bizarre effects, while they are pharamacologically non-narcotic, some of these drugs (e.g. marihuana) are regulated under Federal Narcotic Laws.
Hashish	A hallucinogenic substance or resinous residue derived from the marihuana plant. It is a hard, amber or grey colored, sticky mass which is eaten or smoked. It is estimated to be from 10 to 12 times more powerful as "normal" marihuana.
Heroin	An illegal, powerful, and highly addictive opiate drug derived from opium extracted from the poppy plant.
Hypnotic	An agent that induces sleep.
Inhalants	Medicines or other substances that are taken in through the nose.
Inhibition	Inner impediment to free activity.
Insecticides	Any substances used to kill insects.
Intoxication	A state of being poisoned or drugged; condition produced by excessive use (abuse) of toxic drugs, alcohol, barbiturates, etc.
Lethal dose	The amount of a drug that will cause death.

LSD	A powerful hallucinogenic synthetic drug (lysergic acid diethylamide) known in the drug world as a "mind expander". It is white, tasteless, odorless powder.
Mania	Phase of mental disorder characterized by an expensive emotional state, elation, hyperirritability, over talkativeness, flight of ideas, and increased motor activity.
Marihuana	A widely used drug derived from the plant Cannabis sativa. Usually smoked in cigarette form; it has both depressant and hallucinogenic effects. Commonly known as "pot" and designated by the number 13.
Maximal dose	The largest amount of a drug that will produce a desired therapeutic effect without any accompanying symptoms of toxicity.
Medical addict	A person who becomes addicted as a result of medical treatment prescribed and supervised by a physician for some illness.
Medicine	Any drug or other substance used in treating disease, healing, or relieving pain.
Mescal	A drug obtained from a cactus plant; contains several alkaloids including mescaline; its action is as a stimulant of the visual and visuo-psychic areas of the cortex.
Mescaline	A hallucinogenic oil extracted from the peyote cactus plant (Lophophora williamsii). It has been used for centuries by some tribes of Indians in our southwestern states and in Mexico. Because of its vision-producing effects, the drug plays a part in certain religious rites.
Methadone	A drug now being used in the treatment of opiate addicts. It is said to relieve narcotic hunger, and develop a tolerance which blocks the euphoric effect of heroin.
Methamphetamine	Also known as Desoxyephedrine and is a derivative of ephedrine that acts as a strong stimulant of the central nervous system.
Methedrine	The trade name for a strong stimulant drug, amphetamine sulfate; other slang names are "meth", "speed", "crystals", and "jolly beans".
Mind-expanding drug	A drug, such as LSD, that is said by its defenders to raise the user to a "higher level of consciousness". In other words, the drug is supposed to benefit the user by increasing his awareness and his appreciation of truth and beauty. These claims are not necessarily true as LSD and other similar drugs have a destructive effect on the mind and personality.
Minimal dose	The smallest amount of a drug that will produce a therapeutic effect (amount needed to treat or heal).

Misdemeanor	Offense defined as less serious than a felony; punishable by less than one year in jail.
MMDA	Chemically known as 3-methoxy-4,5-methylenedioxy amphetamine; it is a drug synthesized from myristicin, a chemical derived from nutmeg; approximately three times stronger than mescaline.
Morphine	A bitter, white, crystalline alkaloid derived from opium and used to induce sleep and relieve pain.
Narcotic	This term has two definitions. Medically defined: a narcotic is any drug that produces sleep or stupor and also relieves pain. Legally defined: the term means any drug regulated under the Harrison Act and other Federal Narcotic Laws. Some of these regulated drugs are pharmacologically non-narcotics (e.g. cocaine).
Nembutal	A brand name for pentobarbital sodium; a potent sleeping drug derived from barbituric acid.
Neurosis	Any of various psychic or mental disorders characterized by special combinations of anxieties, compulsions, etc., and motor or sensory manifestations without apparent organic or structural change.
Nicotine	Toxic alkaloid drug which is the active ingredient in tobacco.
Nutmeg	The hard, aromatic kernel of the seed of an East Indian tree; it is grated and used as a spice; can be poisonous.
Opiate	Any drug containing or derived from opium; true narcotic.
Opium	A strong narcotic produced from a type of poppy; Opium may be smoked directly or may be used to make heroin, morphine, and other opiate drugs.
Overdose	An excessive amount of a drug.
Paraldehyde	Hypnotic drug derived from alcohol.
Paranoid	A person suffering from mental disorder in which he has unsubstantiated fear that others are threatening him or are hostile to him.
Paregoric	A camphorated tincture or opium, used in cough mixtures and to relieve diarrhea.
Patent medicine	A trade-marked medical preparation usually containing secret ingredients or made by secret formula.
Pentobarbital sodium	The soluble sodium salt of ethyl barbituric acid, used in medicine as a sedative, hypnotic, and analgesic.

Per	A doctor's prescription for some type of drug. Such a prescription is a legal authorization to a pharmacist to sell the drug indicated; but, of course, it may get into the wrong hands.
Perception	Act of becoming aware of something through the senses or apprehending with the mind.
Personality	Habitual patterns and qualities of behavior of any individual as expressed by physical and mental activities and attitudes.
Pesticides	Any chemicals used for killing insects, weeds, rodents, etc.
Peyote	Any of various cactuses of Mexico and the southwestern United States having button-like tops yielding an intoxicating drug.
Pharmaceutical	Concerning drugs or pharmacy.
Pharmacology	The science dealing with the production, use and effects of drugs.
Physical dependence	A state created by the constant administration of a drug in which the presence of the drug in the body is necessary for normal functioning of the body. Once such dependence has been established, the body reacts with predictable symptoms if the drug is abruptly withdrawn. The nature and severity of withdrawal symtpoms depend on the drug being used and the daily dosage level attained.
Physiological	Pertaining to the functioning of the body.
Poison	Any substance that, through its chemical action, causes damage or death to the body.
Potentiation	This occurs when the combined action of two or more drugs is greater than the sum of the effects of each drug taken alone. Potentiation can be very useful in certain medical procedures. For example, physicians can induce and maintain a specific degree of anesthesia with a small amount of a primary anesthetic agent by using another drug to potentiate the primary anesthetic agent. Potentiation may also be dangerous. For example, barbiturates and many tranquilizers potentiate the depressant effects of alcohol.
Prescription	A doctor's written direction for the preparation and use of a medicine.
Psilocybin	Drug extracted from a Mexican mushroom, Stropharia cubensis and Psilocybe mexican; used in primitive societies for divination and communion with supernatural powers, but its effects are those of mescales and LSD.
Psychedelic	A rather vague term which refers to the "mind expansion" or the emotional excitement brought on by hallucinogenic drugs. Certain types of music, art, lighting, etc., are also said to be "psychedelic", another term used is "psychotomimetics".

Psychic-energizer	A drug group which acts as a stimulant to the central nervous system and is able to produce an elevation of mood, increased activity, heightened confidence and an increased ability to concentrate.
Psychogenic	Originating in the mind.
Psychological dependence	An attachment to drug use which arises from a drug's ability to satisfy some emotional or personality need of an individual. This attachment does not require a physical dependence. An individual may also be psychologically dependent on substances other than drugs.
Psychosis	Any mental disorder in which the personality is very seriously disorganized; psychosis are of two sorts: (1) functional (characterized by lack of apparent organic cause, and principally of a schizophrenic or manic-depressive type), and (2) organic (characterized by a pathological organic condition, such as brain tumor, alcoholism, etc.).
Psychotherapy	Treatment of psychological abnormalities or disorders.
Psychotomimetic agents	Drugs that can produce euphoric states and precipitate psychotic reactions without causing physical dependence (e.g. LSD, peyote, mescaline, psilocybin, DMT, etc.).
Psychotogenic drugs	Substances that produce hallucinations and psychotic behavior and their use can lead to serious mental changes, suicidal tendencies, psychotic manifestations, and nervous breakdown.
Psychotoxic	Literally poisonous to the mind; having the ability to modify mood and change behavior.
Psychotropic	A drug which acts on psychic functions, behavior, or experience.
Quackery	The actions, claims, or methods of an untrained person who practices medicine fraudulently, has little or no foundation, and pretends to have knowledge or skill in a particular field.
Resin	An amorphous solid or semi-solid material, usually of plant origin and soluble in organic solvents but not in water.
Sedative	An agent which quiets or calms activity.
Self-medication	The act of treating self with medicine or of applying a medicinal substance to self.
Side effects	A drug may have many actions on the body. Usually one or two of the more prominent actions will be medically useful. The others usually weaker effects, not necessarily harmful, may be annoying.
Sniff	To take into the nose by breathing inwardly or to place against the absorbent membrane that lines the inside of the nose.

Solvent	A substance used for dissolving another substance.
Stimulant	Any of several drugs which act on the central nervous system producing excitation, alertness, and wakefulness. Medical uses include the treatment of mild depressive states, overweight, and narcolepsy--a disease characterized by an almost overwhelming desire to sleep.
STP	Chemically related to mescaline and amphetamines; produces hallucinogenic effects.
Strychnine	Alkaloids from seeds of strychnos nux-vomica, an extremely potent stimulant to the central nervous system.
Stupor	Partial or nearly complete unconciousness; a state in which the mind and senses are dulled; mental or moral dullness or apathy.
Suffocation	The stoppage or hindering of respiration – which may lead to death.
Sympathomimetic	Mimicking the effects of impulses affecting the sympathetic nervous system; drugs producing effects similar to stimulation of the sympathetic nervous system.
Symptom	Any condition accompanying or resulting from a disease and serving as an aid in diagnosis.
Synergism.	Working together; drugs which work together.
Synthetic	Being artifically made from chemicals in contrast to being extracted from plants.
Teratogenic	The development of abnormal structures in an embryo, monsters, such as babies lacking limbs or having incomplete development of their organs.
Therapeutic addicts	Those persons that have become addicted to drugs through their use in certain medical circumstances (e.g. suffering from the last stages of cancer, not being able to sleep).
Therapeutic use	Term applied to the use of a drug in medical practice.
Tolerance	A state in which the body's tissue cells become acclimatized to the presence of a drug and fail to respond to ordinarily effective concentrations. Increased quantities of a drug are required to produce the desired effect. Tolerance develops with drugs such as: barbiturates, amphetamines, related compounds, and with opiates.
Toluene	A highly volatile substance, a main ingredient of most glues and plastic cements.
Toxic effect (poisoning)	Any substance in excessive amounts can act as a poison or toxic. The margin between the dosage that produces beneficial effects and dosage that produces toxic or poisonous effect varies greatly. (However, this margin will vary with the person taking the drug.)

Toxin	Any of various posionous substances produced by or within a living organism.
Tranquilizers	Types of sedative that depress portions of the nervous system, that is, those areas responsible for anxiety and tension. It relieves various emotional disturbances. Normally they do not produce general hangover and sedative effects.
Tremors	Uncontrollable shaking.
Unconsciousness	Insensibility; lack of perception of sensory stimuli and lack of subjective awareness.
Vapors	The gaseous form of any substance, which is usually a liquid or a solid; (e.g. glue, ether, chloroform, gasoline, shellac, kerosene, etc.).
Volatile	Changing readily to vapor; quickly evaporating.
Volatile solvent	Easily vaporized substance capable of dissolving something; specifically, chemicals contained in lighter fluid, model airplane glue, and other common substances which produce a state of intoxication when inhaled.
Withdrawal	The extremely painful symptoms that an abuser suffers when a substance upon which his system has become physically dependent is withheld.

APPENDIX B
SLANG TERMINOLOGY

1. English

There is a special language in the world of the abuser. Some of this hip language is used by those outside the law but usually this jargon helps tip - off the abuser's preoccupation on drugs and how to get them.

The Co-Ordinating Committee on Drug Abuse recommends that this glossary be used strictly as a teacher information resource in order that the teacher know what the student implies or is talking about. The Committee further recommends that the teacher not use slang terms in the teaching of this guide.

The following is a compilation of the slang terms or what the abusers say on the street.

A's	Stimulants
Abe	Five dollar bill (also Lincoln, nickel, fin, etc.)
Acapulco gold	Marihuana, usually of high quality
Ace	One year sentence; bullet; one of anything; ace note; one dollar bill
Acid	LSD, LSD-25 (lysergic acid diethylamide)
Acid head	LSD user
Acid test	Way of indicating acid is to be used at a gathering
Action	Selling of narcotics; anything pertaining to criminal action
Artillery	Equipment for injecting drugs
Babo	Drug detoxifier or cleanser
Backtrack	To withdraw plunger of syringe before injecting drugs to place needle in proper position
Bad trip	A bad LSD experience usually accompanied by hallucinations that produce horror and terror.
Bag	Container of powdered drug, dream of, or deep desire for happiness.
Bagman	Supplier of drugs
Ball	A party
Balloon	Small packet of narcotics
Bamboo	An opium pipe; stem; gong-gonger; dream stick; hop stick; saxophone; crock; log
Bang	To inject drugs, keen drug satisfaction
Barbs	Barbiturates, usually taken in pill form for non-medical purposes.
Bathtub	Refers to LSD made at home or improvised places
Battes	Injectable amphetamines

B-dacs	Agents of the Bureau of Drug Abuse Control
Bean	Capsule; Benzedrine tablet or capsule
Been had	Arrested
Being on the Nod	High on barbiturates
Belt	Euphoria following an injection of narcotics; a shot or quantity of drugs to be injected.
Bennies	Amphetamines (Benzedrine tablets)
Benny joy	Intoxication after using Benzedrine
Bent out of shape	Under the influence of LSD
Bernice	Cocaine
Big fish	Important drug wholesaler
Big John	The police
Big man	Brains behind dope ring - seldom takes rap of drugs
Big time	Prosperous drug business
Bindle	Small quantity or packet of narcotics
Bird's eye	Extremely small amount of narcotics
Biz	Equipment for injecting drugs
Black and whites	Patrol car or policeman
Blanks	Poor quality narcotics
Blast	Sudden euphoria; to smoke a marihuana cigarette
Blast a joint	To smoke a marihuana cigarette
Blasted	Under the influence of drugs
Blast-out	Escape (through drugs) from humdrum life
Blow a stick	Blow jive, blow tea, blow pot, blow hay, to smoke a marihuana cigarette.
Blow your mind	To become intoxicated with drugs to the point where all physical and mental control is lost. This expression is often used by drug addicts to suggest that a drug is highly "effective".
Blue devils (blue birds)	Amytal capsules
Blue funk	Deep depression "necessitating" relief through stimulant drugs.
Blue heaven (blue velvet)	Paregoric and an antihistamine; sodium amytol
Blues	Barbiturates
Bombido (bombita)	Injectable amphetamine
Boo	Marihuana
Books	Pep pills

Boot Book	Effect of a drug; gee rag used to make a tight connection between needle and dropper; to back blood into the dropper allow to mix with the drug, then shoot it back; also verification shot.
Bottle	Injectable amphetamine
Boxed	In jail
Boy	Heroin
Bread	Money needed for drug purchase, heroin
Brocoli	Marihuana
Bull	A police officer, a Federal narcotic agent
Bummer (bum trip, bad trip)	An unpleasant experience with LSD
Bum rap	An arrest or conviction for crime one didn't commit
Bum steer (bogus trip bum wire, jive)	False or unreliable information about drugs or peddlers
Burn	Take money for heroin with no plans to deliver stuff, phony drugs
Burned	To receive phony or badly diluted drugs
Burned out	A sclerotic condition of the veins resulting from abscesses and continued puncturing
Business	Paraphernalia for injecting narcotics
Busted	Arrested
Bust the main line	To inject narcotics intravenously
Button	The part of the peyote cactus plant which contains a hallucinogenic drug. This drug is used by some tribes of Indians in our southwestern states and in Mexico
Buzz	To make an attempt to buy drugs
Caballo	Heroin
Can	Marihuana container
Candy	Barbiturates
Cap	Capsule of powdered drug
Carrying	In possession of narcotics, having a drug supply at hand

Cartwheels	Amphetamine sulfate
Cat	A supplier of drugs; a peddler or pusher
Champ	Drug abuser who will not reveal his supplier even under pressure
Charge	Instant euphoria; the reaction to smoking marihuana
Charge up	Under the influence of drugs
Chicken	Coward, quitter
Chicken out	Quit a dangerous practice because of fear
Chipping	Taking small amounts of drugs on an irregular basis
Chippy	An abuser taking small, irregular amounts; prostitute
Christmas trees	Barbiturates
Clean	Off drugs; one not in possession of the drugs; an addict who has no scar "trails" or tracks on his arms
Clear up	To withdraw from drugs
Coast to coast	Amphetamine sulfate capsules
Coasting	Under the influence of drugs
Cocktail	Methadone substitute for other narcotics
Coke	Cocaine
Coked up	Under the influence of cocaine
Cokey (Cokie)	A cocaine addict
Cold turkey	Complete withdrawal from addicting drug without medication
Coming down	Emerging from an LSD experience, a "trip"
Connect	To purchase drugs
Connection	A drug supplier
Contact high	Vicarious experience that occurs by being with someone who is "on a trip"
Cooker	Any spoon or bottle car used in preparation of heroin
Cook up a pill	To prepare opium for smoking

Cool cat	One calmed by depressant drugs
Cool the Ride	Calm yourself
Co-Pilots	Amphetamine tablets
Cop	To purchase drugs; to obtain heroin
Cop-out	Quit drugs usually because of fear of the law, to alibi; confess; inform; defect; take off
Corine	Cocaine
Cottonhead (cotton top)	User who recooks the cotton fibers found in cookers when their supply is up and they are in need of an injection
Cottons	Cotton balls used to strain out impurities in a narcotic that is to be sucked up by a syringe or eye dropper
Courier	A small-scale dealer in drugs
Cotics	Narcotics
Crash	Physical and mental depression that ensues when effects of some drugs wear off, usually speed; also means sleep or spend the night
Crossroads	Stimulants
Crystals	(powder form) Methamphetamine; also methedrine and amphetamine
Cube	A sugar cube or wafer impregnated with LSD
Cube head	A regular user of LSD sugar cubes
Customer	Drug buyer and user
Cut	To adulterate a narcotic by adding milksugar or another inert substance
Cut-stuff	Very much diluted drug.
Dabble	To take small amounts of drugs on an irregular basis
D. D.	A fatal dose of narcotics or other drugs.
Dealer	Drug salesman or supplier
Debris	Particles of marihuana found in pockets or in the bottom of containers

Deck	Packet of powdered drug
Devils	Seconal pills, a barbiturate
Dexies	Amphetamines (dexamyl, Dexedrine)
Dig	Appreciate, enjoy, understand
Dime bag	A ten dollar purchase of narcotics
Dirty	A term suggesting that a person has drugs on his person
Dollies	Dolophine tablets (also known as methadone, a synthetic narcotic)
Dom	Known popularly as STP
Domino	To purchase drugs
Doojee	Heroin
Dope	Any narcotic
Doper	Regular user of narcotics
Double trouble	Barbiturates (Tuinal capsules)
Do up	Supply of marihuana cigarettes
Down	Depressed feeling after drug wears off
Downers	Barbiturate drugs commonly taken in pill form, used to slow up the body
Drag	Deep inhalation of a smoking drug
Dripper	Paraphernalia for injecting narcotics
Drivers	Amphetamines (stimulants)
Drop	To take a drug of some kind - "drop acid," "drop a cap", (LSD) "drop a joint", (marihuana)
Dropped	Arrested
Drugville	Any place where drugs are extensively and intensively used.
Dummy	Purchase which did not contain narcotics
Dust	Cocaine
Dynamite	Narcotics of high potency

Ego games	A deprecative term applied by LSD users to social conformity and to the normal activities, occupations and responsibilities of the majority of the people.
Ends	Money
Experience	An LSD trip
Eye openers	Amphetamines
Factory	Equipment for injecting drugs
Fall out	To get extremely "high" on drugs, perhaps to the point of unconsciousness
Far out	Drugged; out of touch with reality
Feds	Federal Narcotic Agents
Fence	One that knowingly buys stolen goods
Fit	Paraphernalia for injecting narcotics
Fix	Drug dosages in a form ready to be taken into the body; the amount of drug used by a person to get the reaction wanted
Flake	Cocaine
Flash	Instant euphoria that a user experiences immediately after taking a drug
Flash back	The recurrence of a drug experience; for example, a user of LSD may unexpectedly find himself experiencing a "trip" even though he has not had any acid for a long time.
Flea powder	Poor quality narcotics
Flip	To act in an irrational, uncontrolled way as a result of drug use
Fly	To take narcotics
Fly high	To be under the influence of some drugs, espcially marihuana
Floating (flying)	Under the influence of drugs,in euphoria
Foil	Small packet of narcotics
Footballs	Oval shaped amphetamine sulfate tablets
Freak-out	To have unpleasant reaction while on an LSD "trip," failure to have a hallucination when on acid; also a chemical high
Fresh and sweet	Out of jail
Fuzz	The police

Gage	Marihuana
Game	The group therapy session
Garbage	Drugs of poor quality; the residue left after a drug is cooked in a spoon
Gassed out	Overcome emotionally by an experience
Gassing	Sniffing gasoline fumes
Gee-head	Paregoric abuser
Geetis	Money
Geezer	A narcotic injection
Get high	Smoke a marijuana cigarette
Get off	To take an injection (of a drug) to "shoot up"
Gimmicks	Equipment for injecting drugs
Glacines	Individual bags of heroin sold on the streets
Glad rag	Cloth material or handkerchief saturated with the chemical
Gluey	One whoinhales glue vapor for euphoria
Gold dust	Cocaine
Goods	Narcotics
Good trip	Happy experience with psychedelics
Goof-balls	Marihuana, barbiturates mixed with amphetamines and the like
Goofed-up	Under the influence of barbiturates
Goofing	Smoking marihuana
Goofy dust	Cocaine powder for sniffing
Grow-head	An opium addict
Graduate	One who successfully gets over the drug habit
Grass	Marihuana
Grasshopper	Marihuana smoker
Greenies	Green heart-shaped tablets of dextroamphetamine sulfate and amobarbitol
Grifo	Marihuana

Groovy	Enjoyable
Guide	A person who remains sober (free of the influence of drugs) so that he can take care of another person intoxicated with some drug, such as LSD. The term is also used for an experienced user who instructs a novice.
Gun	A hypodermic needle
H	Heroin
Habit	Repeated use of drugs
Hand to hand	Person to person delivery
Hang-up	A personal problem; addiction; strong attachment
Happening	A pseudo experience obtained through the use of light and sound; to have the same type of experience that one has with a drug
Happy cigarette	Marihuana cigarette
Happy dust	Cocaine
Hard-stuff (hard narcotics)	Strongly addicting drugs, morphine, cocaine, or heroin
Harness bulls	Uniformed officers
Harry	Heroin
Has	Hashish, marihuana
Hay	Marihuana
Hayhead	Marihuana user
Haywire	Behaving in an unpredictable manner, usually after taking ampheamines or hallucinogens
Head	Regular user of a drug; person dependent on drugs
Head-shop	Psychedelic store catering to pot and acid-heads
Hearts	Heart-shaped tablets Benzedrine or Dexedrine
Heat	The police
Heeled	Said of a person who has enough money to buy drugs; also used to indicate a person who is carrying a gun
Hemp	Marihuana
Hep (hip)	Having inside knowledge; well-informed; wise in the ways of the drug world

High	Under the influence of drugs; extreme euphoria
Hit	To purchase drugs, an arrest; an injection of narcotics
Hocus	A narcotic solution ready for injection
Hog	An addict who uses whatever drugs he can get his hands on with no attempt at moderation or control. Such a person, experts believe is consciously or unconsciously seeking self-destruction.
Holding	In possession of narcotics
Honey	Marihuana
Hooked	Strongly addicted to a drug
Hophead	Narcotic addict
Hopped up	Under the influence of drugs
Horning	Sniffing a drug (usually cocaine) directly into the nostrils
Horse	Heroin
Hot	Wanted by police
Hot shot	Poisonous or lethal dose of a drug
Hustle	Activities involved in obtaining money to buy narcotics
Hustler	Prostitute
Hype	A drug user who injects the drug (usually heroin or Methedrine) into a vein by means of a hypodermic needle
Hypo	A narcotic addict; hypodermic needle for injectable drug
Ice cream habit	A small irregular drug habit
"In"	Belonging to, or accepted by, a gang or group
Jab	To inject drugs
Jag	Euphoria
Jar	A glass container holding 1,000pills, usually amphetamine or barbiturate
Jive	Marihuana; to use marihuana
Jivestick	A marihuana cigarette
Job	To inject drugs
Jobber	One who stores drugs and supplies them to salesmen

Joint	A marihuana cigarette
Jolly-beans	Amphetamine pills; usually methedrine (speed)
Jolt	Shot of morphine; also the reaction to such an injection
Jones	The habit; an addict
Joy - pop	To inject small amounts of drugs irregularly (subcutaneous use)
Joy-popper	Occasional user of drugs
Joy-powder	Heroin
Juice head	User of liquor
Jug	Injectable amphetamine
Junk	Any habituating or addicting drug
Junkie	Drug abuser
Juve	A juvenile offender, a person under age who has been arrested, particularly for drug violations
Juvies	Juvenile officers
Keep your cool	Maintain calmness usually by use of depressant drugs
Kee (Key)	A marihuana "brick" weighing one kilo or about 2.2 pounds
Kick	To abandon a drug habit; euphoria, the effect of a drug
Kick parties	Parties or sessions where LSD is used
Kick the habit	To go off drugs; to overcome an addiction, particularly for heroin
Kilo	A large amount of narcotics, or 2.2 pounds
Kit	Equipment for injecting heroin or some other drug in liquid form; also known as an "outfit"
Knocked out	Under the influence of narcotics
Lace	Money
Lame	Said of a person who does not use marihuana or any other drug
L. A. turn-abouts	Amphetamine sulfate capsules
Lay on	To give narcotics free, as a friendly act
Layout	The equipment for injecting drugs

Lemonade	Poor heroin
Lid	An ounce of marihuana
Lid proppers	Amphetamines
Lipton tea	Poor quality narcotics
Lit up	Under the influence of drugs
Loaded	Under the influence of some drug; intoxicated or "stoned"
Loco Weed	Marihuana
Long green	Money
Low	A bad reaction to LSD - not necessarily a "bad trip" - as a failure to get high
M	Marihuana; morphine
Machinery	Equipment for injecting drugs
Main line	Injection of a drug, such as heroin, directly into a vein, usually in the arm
Main liner	One who injects narcotics into a vein
Maintaining	Keeping at a certain level of drug effect
Make a buy	To purchase drugs
Make a meet	Purchase drugs
Make it	To obtain a supply of drugs by purchase or exchange; to "score"
Man	The police
Manicure	High grade marihuana (no seeds or stems); to prepare marihuana for use in cigarettes. The "raw" pot is "manicured" by sorting out the parts of the plant not fit for smoking
Marks	Scars caused by use of hypodermic needles to inject drugs; also known as "trails" or "tracks"
Mary Jane	One of the many slang names for marihuana
Match box	A quantity of marihuana equivalent to about half a pocket size can of tabacco
Member	Negro or someone other than a white person
Mesc	Mescaline, alkaloid of peyote

Meth	Methamphetamines, usually injected for rapid result; also known as methedrine, Desoxyn
Meth head	User of speed (methedrine)
Meth-Monster	One whose behavior is uncontrollable because of Methedrine abuse
Mezz	Marihuana
Mickey Finn	A drug (chloral hydrate) that is administered to a person usually without his knowledge, to render him completely unconscious; commonly known as "knockout drops"
Mike	Microgram (millionth of a gram)
Miss Emma	Morphine
Mojo	Narcotics
Monkey	A drug habit where physical dependence is present; morphine
Monkey-Mister	Morphine addict
Mor-a-grifa	Marihuana
Muggler	Marihuana
Muggle head	Marihuana user
Mule	A person who delivers or carries a drug for a dealer
Mutak	Marihuana
Narco or Narks	A police officer, especially one assigned to narcotic-control duty
Needle	Hypodermic syringe for injecting drug. A heroin addict is said to be "on the needle"
Nickle bag	A five-dollar purchase of narcotics
Nimbies	Barbiturates (Nembutal)
Nod	A condition of stupor or semi-stupor as a result of taking a narcotic drug
O.D.	An overdose of some drug, usually heroin. Such an overdose may sometimes be fatal.
Off	Withdrawn from drugs
On a trip (on a rip)	Under the influence of LSD or other hallucinogens
On the beam	Under the influence of marihuana

On the nod	Under the influence of drugs; sleepy from narcotics
On the street	Out of jail
On the stuff	Regular user or addict
Oranges	Dextroamphetamine sulfate tablets
Outfit	Equipment needed to prepare a drug; such as heroin, for injection and to inject it
Out of this world	Under the influence of marihuana
Outside of myself (out of the body)	The feelings a person experiences while he is under the influence of LSD
Pack	Heroin
Pad	Living quarter, especially a room or apartment where drugs may be taken
Panic	Sudden shutting off of drug supply; shortage of drugs
Paper	A prescription or packet of narcotics
Peach	Inform to authorities on law breakers
Peaches	Amphetamine tablets (Benzedrine; also Dexedrine pills, which are strong "uppers" or stimulants.) They are light orange in color.
Peanuts	Barbiturates
Peddlers	A dealer in drugs; a pusher or connection; sometimes called simply "the man"
Pep-pills	Stimulants (amphetamines)
P.G. (P.O.)	Paregoric
Piece	A container of drugs; one ounce of heroin, or some other drug
Pig	A person who uses drugs without any attempt at self-control; a "hog". This term is also used to refer to the police.
Pill-gulper (or guzzler)	One who self-medicates with quantities of amphetamines, barbiturates or tranquilizers
Pill-head (pill freak, Pilly, pinhead)	A pill-drug abuser
Pinch	A small amount of marihuana, especially when it is given away
Pinks	Seconal tablets

Pink ladies	Barbiturates
Plant	A cache of narcotics
Point	Needle used for injection of drugs
Pop	To inject drugs, such as heroin, not directly into a vein but rather just under the skin
Pot	Marihuana (the most widely used name)
Pot-head	Marihuana user
Pot party	Marihuana party
Pure	Pure narcotics of very good grade
Purple hearts	Dexamyl, a combination of Dexedrine and Amytal (name given for the shape and color)
Pusher	Drug salesman; person who tries to encourage others to buy drugs
Put down	To stop using drugs
Quill	A folded matchbox cover from which narcotics are sniffed through the nose
Rainbows	Amobarbital sodium and secobarbital sodium tablets (Tuinal), so called because they are colored red and blue; a strong barbiturate
Rap	Rapport
Reader	A prescription
Red (Red-devils, Red birds)	Secobarbital capsules; a barbiturate
Reefer	A marihuana cigarette
Re-entry	A return from a "trip"
Rip	Under the influence of LSD
Roach	A partly smoked marihuana cigarette; the butt left after smoking
Roach holder	Device for holding the butt of a marihuana cigarette
Roll	A roll of aluminum or tin foil containing pills
Rope	Marihuana
Roses	Amphetamine sulfate tablets (Benzedrine)
Rumble	Police in the neighborhood; a shakedown or search

Run	To take drugs without let-up for at least three days; an amphetamine binge
Runner	Smuggler of illegal drugs
Rush	The feeling which a drug user experiences immediately after taking a drug, such as heroin; also known as a "flash"
Sam	Federal Narcotic Agent
Satch Cotton	Cotton used to strain narcotics before injection; may be used again if supplies are gone
Scat (scag)	Heroin
Schmeck	Heroin
School boy	A user of cocaine
Score	To purchase drugs
Scraff a joint	To swallow a marihuana cigarette (to avoid arrest)
Script	Doctor's prescription
Seccies (seggies)	Barbiturates (Seconal)
Sex-juice	Supposedly a drug to stimulate sexual desire, aphrodisiac
Shake the habit	Completely conquer a drug habit
Shot	A dose of narcotics
Shoot	Inject liquid drugs
Shooting gallery	A place where drugs are injected into addicts and prospective drug abusers
Shoot up	To inject drugs
Shrink	Psychiatrist (head shrinker)
Sick	Suffering from withdrawal symptoms; feeling nervous or jittery because of need for drugs
Side effect	A result other than the one expected, usually not good
Silk	A white person
Sitter	An experienced LSD user who sits with a new user
Skin pop	Inject liquid drug under the skin (subcutaneously)
Skin popper	Occasional user of narcotics

Slammed	In jail
Sleeping pills	Barbiturates
Smack	Heroin
Small fry	Those at the bottom of the drug business who do the "dirty work" for drug dealers and wholesalers
Smashed	Intoxicated (drug or alcohol)
Smoke	Wood alcohol
Sneeze it out	Attempt to break the habit
Sniff or snorts	To inhale powdered drugs through the nose. This is usually done with cocaine
Sniffer	One who inhales drug vapor for euphoria
Snitch	To inform on a drug user; to "fink"
Snort	Inhale powdered drug
Snow	Cocaine; sometimes heroin
Snow bird	A user of cocaine
Spaced out	Being in a drug daze
Speed	Methamphetamine, usually injected for rapid result; a strong stimulant: methedrine
Speed ball	An injection which combines a stimulant and depressant, often cocaine mixed with morphine or heroin
Speed demon	Methedrine abuser
Speed freak	A user of methedrine (or some other stimulant drug), the "freak" or "speeder" shows the effects of the drug by constant restless movements.
Spike	Needle used for injecting drugs
Spoon	A quantity of heroin supposedly "measured" in a teaspoon, usually between 1 or 2 grams
Square	One who is not interested in using drugs, not "hep"
Square joint	A regular tobacco cigarette
Stack	Quantity of marihuana cigarettes
Stardust	Cocaine

Stash	Drug warehouse or hiding place; also a supply of a drug; to hide something
Stick	A marihuana cigarette
Stock	A quantity of marihuana cigarettes
Stoned	Intoxicated as a result of taking a drug
Stone-head	Drug bum, an inveterate user
Stool Pigeon (stoolie)	Informer to authorities
STP	A highly potent hallucinogen
Straight	Everyone else (non-drug user); also a person not under the influence of drugs
Stretch	Dilute heroin with cheap powder (talc) or powdered milk to increase its quantity for greater profit
Strung-out	Worn out and sick from overdosing with drugs, mainly amphetamines. Another term used for this condition is "wasted"
Stuff	Any dangerous drug, especially heroin and morphine
Sucker	One who "buys a sales pitch"; one who gets "sold" on drugs by cronies or pushers
Sugar	Powdered narcotics; cube of LSD
Sugar down	To adulterate drugs by mixing them with other substances, such as milk sugar
Supplier	One who stores and sells drugs
Swingman	A drug supplier
Take a band (take-off)	To take drugs
Take up (torch up)	Light a marihuana cigarette
Taste	To test a drug by trying a small quantity of it
Tea, Texas Tea (T)	Marihuana
Tea head	Marihuana user
Tea party	Social get-together of marihuana smokers
Tea-shades	Dark eyeglasses to protect dilated pupils of marihuana user
Tell it like it is	Tell the truth

The man	Dealer in drugs
Thing	Main interest of the moment, related to "bag"
Things	Various amounts of a narcotic
Thoroughbred	A high type hustler who sells pure narcotics
Tie off	To apply pressure to a vein (by some kind of tourniquet) so that it is easy to inject a drug
To be flush (to be hep, to be hip, to have savvy)	To understand
To hit on (to make a meet, to make it)	To buy drugs
Toke	A puff on a joint; to smoke a marihuana joint
Tooies	Amobarbital sodium and secobarbital sodium tablets (Tuinal)
Torn up	The condition which results from taking a barbiturate ("downer") and an amphetamine ("upper") at the same time
Toss	Search
Toxy	The smallest container of prepared opium
Tracks	Scars along veins after many injections
Travel agent (tour guide)	An experienced LSD user who helps or guides a new user
Trey	A $30.00 purchase of a drug
Trip, Tripping	Being "high" on hallucinogens, particularly LSD, the experience of a person who is under the influence of LSD or some other hallucinogenic drug
Trip out	Take a drug and have the drug experience, good or bad
Truck drivers	Amphetamines
Tuned in or turned on	Under deep influence of a stimulant drug or hallucinogen
Turkey	A capsule purported to be a narcotic but filled with a non-narcotic substance
Turned off	Withdrawn from drugs
Turps	Elixir of Terpin Hydrate with codeine, a cough syrup
Twist	A marihuana cigarette

Uncle	Federal Narcotic Agent
Up	Euphoric
Uppers	Amphetamine drugs, which stimulate or speed up the body
Ups	Stimulants
Up tight	Anxious, disturbed
User	A person who uses drugs
Vic	One who has been given a hot shot; a victim
Visions	Hallucinations
Wake-ups	Amphetamines (stimulants)
Washed up	Withdrawn from drugs
Wasted	Under the influence of drugs; also the condition of a user who has been taking drugs heavily for a considerable period of time
Wedge	A tablet of LSD
Weed	Marihuana
Weed head	Marihuana user
Weekend habit	A small, irregular drug habit, ususally limited to non-work days
Weight	Used in the expression "He is carrying weight" which means that the person has drugs on his person
Whiskers	Federal Narcotic Agents
Whites	Amphetamine sulfate tablets; stimulants or "uppers"
White stuff	Morphine or heroin
Wholesaler	One who stocks drugs and sells to drug dealers
Wired	Under deep influence of a stimulant drug
Works (tools)	The equipment for injecting drugs
Yellow jackets	Barbiturates (nembutal capsules)
Yen	A strong desire for narcotics; an urge to use drugs
Yen Hook (Hock)	An intrument used in opim smoking

Yen shee	Opium ash
YenShee Suey	Opium wine
Yen sleep	A drowsy, restless state during the withdrawal period
Youngblood	Young person starting to use marihuana
Zunked	Strongly addicted to hard drugs

APPENDIX B
SPECIFIC TERMINOLOGY

2. Spanish

*Sources: Terms made available to committee through courtesy of local attorney's office and through personal contact with ex-drug users.

Back me up	hagase esquina
Barbiturates	pildoras
Bottle cap	ficha (Used by addicts instead of spoon)
Chicken (afraid)	chivees; aguitas
Cocaine	coca
Cotton	La algoda
Cough medicine	Endo-Hycodan, Turpen hydrate
Drug quantity (amount of heroin)	papel; un gramo; un octavo; un cuarto; un medio
Drunk	borracho; andas hastas la rayita
Dosage to avoid withdrawal pains	cura
Gyp	quemar
Heroin	carga; tecata
Jail	pinta; carcel
Marihuana	juanita; mota; yesca
Marihuana joint or stick	un cartucho; un frago; farruco
Needle	erre
Opium	opio
Overdose	un doble
Pusher	traficante
Rinse of cotton used	enjuague
Roach	colilla de marihuana; chicho; chicharron
Shot	piquete; fierrazo
Spoon	la cuca (used by the beginner)

Square	escuadra
Stimulants	pildoras; pastas; cacahuates; diablos; quesos
Stupor (coasting reaction)	costiar
Take a drug	un son; toque; las tres; truenatela
Tracks (Marihuana scars)	cayos; carreteras
Very good	esta de aquellas
Whole outfit	carabina

Prescribed

Syclopal

Noctalil

Mandrax

Visparax

Fanodormo

Endo-Hycodan

Elixir Terpin hydrate Encodeini

APPENDIX C

DRUGS AFFECTING THE MIND

I. LEGAL DRUGS (Manufacture and distribution legal but confined to doctor's supervision and prescription)

A. DEPRESSANTS

1. BARBITURATES

a. Names

(1) Slang - bluebirds; reds; seggy; seccy; double trouble; christmas trees; barbs; blue devils; blue heavens; candy; goof balls; red birds; pinks; peanuts; purple hearts; rainbows; red devils; yellow jackets; nimbie; nimby; downers; phennies; blues; yellows.

(2) Chemical or Trade Name - amytal; barbital; butisol; amobarbital; veronal; luminal; nembutal; noludar; phenobarbital; pentothal; carbitral; sodium amytal; someryl; seconal; tuinal; pentobarbital; secobarbital; chloral hydrate

b. Description - Classification - Source

(1) Crystals or powder; bitter; odorless

(2) Sedative - hypnotic

(3) Synthetic, barbituric-acid derivatives

c. Effects

(1) Immediate - Sedation, intoxication; reduces brain activity; sociable; produces sleep

(2) Long-term effects - Addiction; incoordination progressive

(3) Danger of abuse - Sedation, coma and death from respiratory failure; toxic psychosis; possible severe depression when combined with alcohol; Tolerance; withdrawal symptom including vomiting, tremors; convulsions.

(4) Addiction Potential

(a) Psychological - Yes
(b) Physical - Yes

d. Method of Use - Tablet, pill, liquid, capsule; swallowed or injected (sometimes intravenously)

e. Use in Medicine - Treatment of insomnia; sedation; relieve high blood pressure; epilepsy; hyperthyroidism

f. Symptoms of Abusers - Similar to alcohol intoxication, drowsiness, confusion, incoordination, tremors, depressed pulse rate and blood pressure, mildly dilated pupils, respiratory depression.

2. TRANQUILIZERS

a. Names

(1) Slang - None

(2) Chemical or Trade Name

(a) Major -
reserpine (Rauwolfia serpentina); phenothaizine (Compazine, Thorazine, Pacatal, Phenergan)

(b) Minor -
meprobamate (Equanil, Miltown); chlordiazepoxide (Librium, Librax); diphenylmethanes (Phobex, Suaritil, Atarax); Placidyl; Valium; Doriden; Noludar; Meprospan; Valmid

b. Description - Classification - Source

(1) Different colored powder and/or crystals: odorless

(2) Non barbituric - sedative

(3) Synthetic

c. Effects

(1) Immediate - Sedative; relieves anxiety and tension; abnormal fears; insomnia, psychosomatic disorders; mild behavior disorders; slows down abnormally active people

(2) Long - term effects - Skin eruption; incoherence; depression; possible respiratory arrest; vomiting; tremors; convulsions; severe thirst; weight gain: destruction of white blood cells

(3) Danger of Abuse - Blurring vision; confusion; possible severe depression when combined with alcohol - tolerance and habituation; withdrawal symptoms

(4) Addiction Potential

(a) Psychological - Yes
(b) Physical - Yes

d.. Method of use - Tablets, capsules swallowed

e. Use in Medicine - Treatment of insomnia, anxiety; tension; alcoholism; nervousness

f. Symptoms of Abusers - Appearance of intoxication; drowsiness; slurred speech; poor coordination; depression

3. ALCOHOL

a. Names

(1) Slang - booze, juice; alcohol; liquor; drink; cocktail; highball; night cap; moonshine; white lightning mountain dew; fire water

(2) Chemical or Trade Name - Ethyl; Ethanol; Beer; Wine; Whiskey

b.. Description - Classification Source

(1) Colorless liquid - burning sensation

(2) Sedative - hypnotic

(3) Natural- derived from fermented grapes, grains, etc.

c. Effects

(1) Immediate - Sense alteration; anxiety reduction; sociability; enhances the depressant effects of many drugs

(2) Long-term effects - Cirrhosis; neurologic damage; addiction; diminished visual acuity; slow reaction time; judgment impaired.

(3) Danger of Abuse - Toxic psychosis; stupor; cold and calmmy skin; slow respiration; low body temperature; cirrhosis; addiction; neurologic damage.

(4) Addiction Potential

(a) Psychological - Yes
(b) Physical - Yes

d. Method of Use - External use; sometimes injected; swallowed

e. Use in Medicine - Limited therapeutic value, germicidal; astringent; hypnotic and antiseptic relieves pain; anesthetic

f. Symptoms of Abusers - drowsiness, incoordination, slurred speech, poor muscular coordination, talkativeness, blood shot eyes, breath, aggressiveness

B. STIMULANTS

1. AMPHETAMINES

a. Names

(1) Slang - beenies; co-pilots; dexies; footballs; hearts; lid; proppers; pep pills; wake-ups; coast-to-coast; L.A.; turn-abouts; truck drivers; A.; benzies; peaches; cartwheels; roses; oranges; speed; uppers; skyrockets; bombido (injectable form)

(2) Chemical or Trade Name - Benzedrine, Biphetamine; Dexamobarb; Dexamyl; Dexedrine; Diphetamine: Synatan; Appetrol; Tuamine; Methedrine; Dexedrine Spansule; Dexamyl Spansule No. 2, Preludin Endurets; Tenuate Dospan

b. Description - Classification - Source

(1) Sympathomimetic - bitter, odorless, whitish powder

(2) Stimulant - central nervous system

(3) Synthetic

c. Effects

   (1) Immediate - Stimulating; postpones fatigue; alertness; activeness; appetite depressant; euphoria

   (2) Long-term Effects - Delusions; hallucinations; loss of appetite, pellagra; insomnia, scurvy; poor muscular coordination; ulcers, dangerous aggresiveness; extreme weariness; strikes suddenly without warning.

   (3) Danger of Abuse - Damages the heart; high blood pressure; brain damage and death; creates tolerance; memory lapse, paranoid fear and anger; toxic psychosis

   (4) Addiction Potential

      (a) Psychological - Yes
      (b) Physical - No

d. Method of Use - Tablets, pills, capsules; ampules and solution; usually oral; injectable

e. Use in Medicine - To relieve mild depression, fatigue; encephalitis, controls appetitie and narcolepsy; weight reduction

f. Symptoms of Abusers - Excitability, rapid and unclear speech; restlessness; tremors; insomnia; sweating; dry mouth and lips; bad breath; itchy nose; dilated pupils; increased pulse and blood pressure; hallucinations, psychosis

2. METHAMPHETAMINE

a. Names

   (1) Slang - A; speed; crystals; meth; pep pills; uppers; wake-ups; skyrockets; bombido (injectable form) businessman's trip

   (2) Chemical or Trade Name - Methedrine; Desoxyn; Ambar; Methamphetamine hydrochloride

b. Description - Classification - Source

   (1) Colorless, odorless crystals, bitter

   (2) Stimulant

   (3) Synthetic - also known as Desoxyephedrine

c. Effects

   (1) Immediate - Stimulating; postpones fatigue; alertness; activeness; appetite depressants; euphoria

   (2) Long-term Effects - Greater toxicity than amphetamines

   (3) Danger of Abuse - Damages the heart; high blood pressure; brain damage and death; creates tolerance; memory lapse; paranoid fear and anger; toxic psychosis

(4) Addiction Potential

  (a) Psychological - Yes
  (b) Physical - No

d. Method of use - Tablets, capsules, powder; liquid injectable

e. Use in Medicine - Stimulant; weight control

f. Symptoms of Abusers - Excitability; rapid and unclear speech; restlessness; tremors; enlarged pupils; sleeplessness; sweating; dry mouth and lips; bad breath; itchy nose; psychosis

3. COCAINE

a. Names

(1) Slang - bernice; carrie; cecil; c; coke; corinne; dust; flake; girl; gold dust; happy dust; snow, stardust, the leaf, heaven dust

(2) Chemical or Trade Name - Methylester of benzolecgorine

b. Description - Classification - Source

(1) White, bitter, odorless, fluffy powder that looks like cyrstalline snow

(2) Stimulant, local anesthesia - narcotic

(3) Natural - isolated alkaloid from coca leaves (Erythroxylan coca)

c. Effects

(1) Immediate - Relieves hunger and fatigue; exhilaration; talkativeness; produces visual hallucinations

(2) Long-term Effects - Excitation; depression; insomnia; weight loss

(3) Danger of Abuse - Convulsions and death; paranoic activity; no tolerance

(4) Addiction Potential

  (a) Psychological - Yes
  (b) Physical - No

d. Method of Use - Sniffed; swallowed, injected; coca leaves chewed

e. Use in Medicine - Local anesthesia of eye and throat; surface active anesthetic oral-nasal surgery

f. Symptoms of Abusers - Excitability; anxiety; talkativeness; increased pulse rate and blood pressure; dilated pupils; headache; nausea and vomiting; hallucination: may be violent and dangerous.

4. CAFFEINE

a. Names

(1) Slang - Java

(2) Chemical or Trade Name - Coffee, tea, cola, No-Doz

b. Description - Classification - Source

(1) Liquid or powder

(2) Stimulant

(3) The alkaline present in coffee; tea; kola mate leaves; cola nuts

c. Effects

(1) Immediate - Stimulant; relaxant

(2) Long-term Effects - Loss of sleep; palpitation; jerky movements

(3) Danger of abuse - Addictive; tolerance and habituation; mental confusion; rapid heart rate; tremors

(4) Addiction Potential

(a) Psychological - Yes
(b) Physical - Yes

d. Method of Use - Liquid; swallowed; sometimes injected

e. Use in Medicine - Stimulant; treatment of headaches; antidote for narcotic poisoning

f. Symptoms of Abusers - nervous; jittery; tremor of the hands; palpitation of the heart; digestive disturbances; insomnia; irritability

C. OPIATES

1. Opium

a. Names

(1) Slang - None

(2) Chemical or Trade Name - Opium Elixir

b. Description - Classification - Source

(1) Dark-brown gum, bitter taste, heavy sweet odor

(2) Narcotic

(3) Obtained from the congealed milky juice of the unripe seed pod of the opium poppy (Papaver somniferum)

c. Effects

(1) Immediate - Reduction of pain and feeling; causes dreamy stupor; sleep; or unconsciousness

(2) Long-term effect - Slow pulse rate and respiration

(3) Danger of Abuse - Addiction; Tolerance created; withdrawal symptoms

(4) Addiction Potential

(a) Psychological - Yes
(b) Physical - Yes

d. Method of Use - Smoked in special pipe or eaten

e. Use in Medicine - Pain relief; treatment of severe diarrhea

f. Symptoms of Abusers - Lethargy; drowsiness; confusion; euphoria; slurred speech; nausea and vomiting; constricted pupils; depression

2. CODEINE

a. Names

(1) Slang - School boy

(2) Chemical or Trade Name - Dilaudid, Methyl Morphine

b. Description - Classification - Source

(1) Odorless, white crystal or crystalline powder

(2) Narcotic - analgesic

(3) Natural from Opium
Semi - synthetic from morphine

c. Effects

(1) Immediate - Induces sleep and cough relief sedative

(2) Long-term effects - Loss of appetite; constipation; addiction

(3) Danger of abuse - Degree and risk very minor

(4) Addiction Potential

(a) Psychological - Yes
(b) Physical - Yes

d. Method of Use - Orally as tablet or liquid; or injectable

e. Use in Medicine - Eases pain and controls coughing

f. Symptoms of Abusers - Unless the Codeine is taken intravenously, very little evidence of general effect - large doses are morphine like

3. PAREGORIC

a. Names

(1) Slang - None

(2) Chemical or Trade Name - Tincture of opium camphorated; anhydrous morphine

b. Description - Classification - Source

(1) A tincture

(2) Analgesic

(3) Synthetic - opium derivative

c. Effects

(1) Immediate - Reduction of pain and feeling; soothing

(2) Long-term Effect - Euphoria

(3) Danger of Abuse - Creates tolerance; withdrawal symptoms

(4) Addiction Potential

(a) Psychological - Yes
(b) Physical - Yes

d. Method of Use - Swallowed; powder, pill or capsule; also cooked and injected

e. Use in Medicine - Cures blisters, diarrhea, teething

f. Symptoms of Abusers - Lethargy; drowsiness; confusion; euphoria. depression

4. MORPHINE

a. Names

(1) Slang - M.; white stuff; dreamer; Miss Emma; morpho; morphine; unkie; emsel; hocus; hard-stuff; junk; coties; dope; goods; stuff

(2) Chemical or Trade Name - Morphine Sulfate

b. Description - Classification - Source

(1) Pure white, light brown, or off-white powder; bitter; odorless

(2) Narcotic

(3) Natural alkaloid or active constituent of opium; obtained from the unripe seed pod of poppy, Papaver somniferum

c. Effects

   (1) Immediate - Rarely excitatory sedative; analgesics

   (2) Long-term effect - Constipation; loss of appetite

   (3) Danger of Abuse - Sleep, unconsciousness and even death; withdrawal symptoms; destructive to tissues and organs

   (4) Addiction Potential

      (a) Psychological - Yes
      (b) Physical - Yes

d. Method of Use - Tablets, capsules, cube, powder or solution; usually injected may be swallowed

e. Use in Medicine - Pain relief; analgesic

f. Symptoms of Abuser - Similar to heroin; lethargy; drowsiness; confusion; euphoria; slurred speech; flushingof skin on face, neck and chest; nausea and vomiting chronic constipation; constricted pupils; respiratory depression; scars or abscesses at injection sites

5. MEPERIDINE

   a. Names

      (1) Slang - None

      (2) Chemical or Trade Name - Demerol

   b. Description - Classification - Source

      (1) Various capsular and liquid forms

      (2) Narcotic

      (3) Synthetic

   c. Effects

      (1) Immediate - Analgesic

      (2) Long-term effect - Feeling of euphoria, hallucinations

      (3) Danger of Abuse - Addictive

      (4) Addiction Potential

         (a) Psychological - Yes
         (b) Physical - Yes

   d. Method of Use - Tablet; liquid; swallowed or injected

   e. Use in Medicine - Pain relief

f. Symptoms of Abusers - Constricted pupils; lethargy; drowsiness; confusion; euphoria; nausea and vomiting; chronic constipation

6. METHADONE

a. Names

(1) Slang - Dolly

(2) Chemical or Trade Name - Dolophine, Amidone

b. Description - Classification - Source

(1) None

(2) Narcotic - analgesic

(3) Synthetic

c. Effects

(1) Immediate - Alleviation of withdrawal symptoms of morphine addicts

(2) Long-term effects - Constipation; loss of appetite

(3) Danger of Abuse - Addictive

(4) Addiction Potential

(a) Psychological - Yes
(b) Physical - Yes

d. Method of use - Injected or swallowed

e. Use in Medicine - Pain relief

f. Symptoms of Abusers -

7. OTHER OPIUM DERIVATES

Dilaudid; thebaine; oxycodone (Percodan); Nalline; laudanum metopan; pantopan

D. TOXIC INHALANTS

1. Names

a. Slang - None

b. Chemical or Trade Name - Chloroform, other cleaning fluids, gasoline, model airplane glue, lighter fluid, certain nail-polish remover, paint, freon (refrigerant and propellant)

2. Description - Classification - Source

(a) Liquids, colloids, hydrocarbon, aerosols taste and odor

(b) Non-drug substances

(c) Solvents, consisting of xylene, toluene, benzene, and acetone in varying amounts; lighter fluid ususally contains naptha.

3. Effects

a. Immediate - Excitation, exhilaration; light headed euphoria; dizziness

b. Long-term effects - Double vision, ringing in the ears, slurred speech, staggering and hallucinations; drowsiness, stupor and even unconsciousness.

c. Danger of Abuse - Creates tolerance - no recall of events during intoxication. Psychotic behavior; asphyxiation if access to air is closed off; severe type of anemia, damage to the kidney, liver, heart, blood, cells, and nervous system; lead poisoning.

d. Addiction Potential

(1) Psychological - Yes
(2) Physical - No

4. Method of Use - Inhaled fumes

5. Use in Medicine - Ether and chloroforms are anesthetics; freon-as medicament and insecticides

6. Symptoms of Abusers - Similar to alcohol intoxication; slurred speech; blurred vision; incoordination; ringing in ears; nausea and vomiting; hallucinations; psychosis; liver, nerve, and blood damage; respiratory depression.

II. ILLEGAL DRUGS

A. MARIHUANA (Cannabis sativa)

1. Names

(a) Slang - joints; sticks; reefers; weed; pot; grass; muggles; Indian-hay; locoweed; Mu; griffo; giggle-smoke; mohasky; Mary Jane; boo; roach; Texas tea; rope; ashes; jive; mezz; viper's weed; sweet Lucy; gage; bhang; ganja; kif; charas; THC; Canadian hemp; hash; Indian hemp; marijuana; 13.

(b) Chemical or Trade Name - Cannabis sativa

2.. Description - Classification - Source

(a) Usually greenish, musty-colored, coarsely ground, powdered leaf; burned rope odor.

(b) Relaxant; euphoriant; in high doses hallucinogen

(c) The dried flowering or fruit top of the female plant. Cannabis sativa, commonly called Indian Hemp plant.

3. Effects

   a. Immediate - Affects central nervous system relaxation, increase euphoria, perception, and sociability, erratic behavior and loss of memory, initial effect stimulation and secondary effect depression

   b. Long-term effects - Distortion of time and spatial perception, hilarity without a cause, marked unpredictability of effect; drowsiness, stupor and hallucinations.

   c. Danger of Abuse - Altered perceptions; impaired judgment; anti-social behavior; inertia, lethargy and indifference develops; self-neglect

   d. Addiction Potential

      (1) Psychological - Yes?
      (2) Physical - No

4. Method of Use - Smoked, swallowed, sniffed

5. Use in Medicine - None

6. Symptoms of Abusers - mood swings; euphoria; excitability; hallucinations; increased appetite; dryness of mouth; increased pulse rate and blood pressure; dilated pupils; nausea and vomiting; odor of burned rope on breath

B. . HASHISH

1. Names

   a. Slang - None

   b. Chemical or Trade Name - Cannabis indica

2. Description - Classification - Source

   a. Hard amber colored, sticky mass

   b. Relaxant, euphoriant

   c. Pure resin of Cannabis indica

3. Effects

   a. Immediate - Same as marihuana but longer lasting

   b. Long-term effects - More potent than marihuana

   c. Danger of Abuse - More potent than marihuana

   d. Addiction Potential

      (1) Psychological - Yes
      (2) Physical - No

4. Method of Use - Smoked or chewed

5. Use in Medicine - None

6. Symptoms of Abusers - Similar to marihuana intoxication

C. . HALLUCINOGENS

1. LSD

   a. Names

      (1) Slang - LSD; acid; sugar; big D; pearly gates; heavenly blue; sunshine; royal blue; wedding bells acid

      (2) Chemical or Trade Name - Lysergic acid diethylamide

   b. Description - Classification - Source

      (1) White crystalline powder; tasteless, odorless

      (2) Hallucinogen

      (3) Semi-synthetic from ergot alkaloids

   c. Effects

      (1) Immediate - Insightful experiences, exhilaration, distortion of senses

      (2) Long-term effects - May intensify existing psychosis, panic reaction

      (3) Danger of Abuse - Possible severe negative reaction; "Flashbacks", psychotoxic episodes potential chromosomal damage

      (4) Addiction Potential

         (a) Psychological - No?
         (b) Physical - No

   d. Method of Use - Saturated sugar cubes; tablets, capsules, oral ; ampules can be injected

   e. Use in Medicine - Research only (Psychiatric experimentation)

   f. Symptoms of Abusers - Trance-like state; anxiety; confusion; tremors; euphoria; depression; hallucinations; dilated pupils; increased pulse rate and blood pressure; psychosis

2. D M T

   a. Names

      (1) Slang - DMT, businessman, high

      (2) Chemical or Trade Name - Dimethyltriptamine

b. Description - Classification - Source

(1) White crystalline powder; tasteless, odorless

(2) Hallucinogen

(3) Synthetic derivative of tryptamine; also as natural constituent of the seeds of various West Indies and S. American plants.

e. Effects

(1) Immediate - High activity; changes in mood and behavior; extreme fear; depth, sight, and sound perceptual changes.

(2) Long-term effects - Drowsiness; extreme depression, shorter trips

(3) Danger of Abuse - Possible psychotic reaction no flash back

d. Method of Use - Injected or oral dissolved on sugar cubes, tablets, stamps, etc.

e. Use in Medicine - Some experimentation, chemcial warfare

f. Symptoms of Abusers - Similar to LSD; anxiety; confusion; tremors; euphoria; depression; hallucinations; dilated pupils; increased pulse rate and blood pressure; psychosis; possible chromosomal damage

3. STP

a. Names

(1) Slang - serenity, tranquility, peace, DOM

(2) Chemical or Trade Name - 4-methyl-2, 5-dimethoxy alpha methyl - phenethylamine

b. Description - Classificaiton - Source

(1) White crystalline powder, tasteless, odorless

(2) Hallucinogen

(3) Synthetic - Atropine - like

c. Effects

(1) Immediate - Moderate euphoria; slight perceptual changes; increased blood pressure

(2) Long-term effects - Nausea, sweating, paresthesia, tremors, perceptual changes, hallucinations

(3) Danger of Abuse - Similar to LSD but more intense and lasting 3 - 4 days

(4) Addiction Potential

(a) Psychological - Yes
(b) Physical - No

d. Method of Use - Injected or oral dissolved on sugar cubes, tablets, stamps; liquid

e. Use in Medicine - None

f. Symptoms of Abusers - Anxiety; confusion; tremors; euphoria; depression; hallucinations; dilated pupils; increased pulse rate and blood pressure; psychosis; possible chromosomal damage

4. MESCALINE

a. Names

(1) Slang - mesi; mescal; mescal buttons; mescal beans; hikori; huatari; seni; wakowi; anhalonium

(2) Chemical or Trade Name - 3,4,5, - trimethoxyphenyl ethylamine

b. Description - Classification - Source

(1) Cactus plant top; bitter, odorless

(2) Hallucinogen

(3) Chemical extracted from peyote, a small spineless cactus

c. Effects

(1) Immediate - Produces hallucinations

(2) Long-term effects - None

(3) Danger of Abuse - Hallucinations may last for days; causes repetitive psychotoxic episodes

(4) Addiction Potential

(a) Psychological - No?
(b) Physical - No

d. Method of Use - Tablets, Oral with tea, Milk, coffee, sometimes injected

e. Use in Medicine - None

f. Symptoms of Abusers - Anxiety; confusion; tremors; euphoria; depression; hallucinations; dilated pupils; increased pulse rate and blood pressure; psychosis;

5. PSILOCYBIN

a. Names

(1) Slang - None

(2) Chemical or Trade Name - Ortho-phosphoryl-4 hydroxy-N-dimethyltryptamine

b. Description - Classifcation - Source

(1) Colorless, odorless, tasteless substance

(2) Hallucinogen

(3) Natural - extracted from a Mexican mushroom Stropharia cubensis and Psilocybe mexicana

c. Effects

(1) Immediate - Feeling of unreality; visual and sometimes auditory hallucinations (Geometric shapes, illusion, light)

(2) Long-term effects - Anxiety; depression; paranoia; toxic psychosis

(3) Danger of Abuse - Hallucinations may last for days; causes repetive psychotoxic episodes

(4) Addiction Potential

(a) Psychological - No?
(b) Physical - No

d. Method of Use - Swallowed, tablets or liquid

e. Use in Medicine - None

f. Symptoms of Abusers - Anxiety; confusion; tremors; euphoria; depression; hallucinations; dilated pupils; psychosis

6. PEYOTE

a. Names

(1) Slang - Cactus

(2) Chemical or Trade Name - Lophophora williamsii

b. Description - Classification - Source

(1) Colorless crystals; bitter, soapy taste

(2) Hallucinogen

(3) Natural - dried cactus buttons containing mescaline

c. Effects

(1) Immediate - Visual hallucinations, anxiety paranoic

(2) Long-term effects - Similar to the symptoms of mental illness, especially schizophrenia

(3) Danger of Abuse - Possible psychosis

(4) Addiction Potential

(a) Psychological - Yes
(b) Physical - No

d. Method of Use - Chewed or brewed (tea)

e. Use in Medicine - Experimental

f. Symptoms of Abusers - Anxiety; confusion; tremors; euphoria; depression; hallucinations; dilated pupils; increased pulse rate and blood pressure; psychosis

D. HEROIN

1. Names

   a. Slang - snow, stuff; H; junk; horse; Harry; scat; smack; boy; white stuff; scar; joy powder; doojee; cotics; dope; goods; geese; hardstuff; sugar; scag; blanks; flea powder

   b. Chemical or Trade Name - Diacteylmorphine

2. Description - Classification - Source

   a. A grayish-brown powder (pure state) or a white, off-white powder (diluted); bitter, odorless

   b. Narcotic - analgesic

   c. Semi-synthetic - an alkaloid derived from morphine (not found in opium)

3. Effects

   a. Immediate - Euphoria; sedative and analgesic; faster and shorter acting than morphine; twenty-twenty-five times stronger than morphine

   b. Long-term effects - Loss of appetite; constipation; addiction

   c. Danger of Abuse - Coma and death from respiratory failure; dependence, usually develops faster; four times more toxic than morphine

   d. Addiction Potential

      (1) Psychological - Yes
      (2) Physical - Yes

4. Method of Use - Usually injected, sometimes oral or sniffed

5. Use in Medicine - No legal use (pain relief)

6. Symptoms of Abusers - Lethargy; drowsiness; confusion; euphoria; slurred speech; nausea and vomiting; chronic constipation; constricted pupils; respiratory depression; scars or abscesses at injectable sites; flushing of skin on face, neck, and chest.

APPENDIX D

KNOW THE LAW

NARCOTIC LEGISLATION (FEDERAL and STATE)
SCHOOL LAWS (STATE and LOCAL)

CIVIL AND CRIMINAL LAW

Generally, the law is broken down into two major parts - CIVIL LAW AND CRIMINAL LAW.

Civil law is concerned with private disputes between persons or businesses. If a suit is filed, it is brought in the name of the wronged against the wrongdoer.

Criminal violations are brought in the name of the state as the official complaining party - not the victims of the crime. Each criminal violation must be an act specifically prohibited by a particular criminal law.

Criminal law is broken into two major categories - Felonies and Misdemeanors. Violation of a narcotic law generally constitutes a felony. Punishment for a felony ranges from probation to one or many years of imprisonment. Violation of some drug laws constitutes a misdemeanor. A misdemeanor is punishable by probation, by confinement in a county jail for not more than one year, and/or by a fine, as specified by state law.

An adult who sells or gives dangerous drugs to another adult is guilty of a misdemeanor or a felony on the first offense, depending on the laws of the state in which the offense was committed.. An adult who sells or gives dangerous drugs to a minor is guilty of a felony, even on the first offense.

In addition to the state laws defining crimes against the state, there is a large body of federal laws passed by the United States Congress. Trial on a violation of a federal statute is held in the United States District Court. It is possible for a person to have - in one act - violated both a federal and a state statute for which he could be prosecuted twice.

UNITED STATES NARCOTIC LEGISLATION

The legislative control of the federal government over narcotics and dangerous drugs rests in the following laws:

Federal Pure Food and Drug Act (1909)

The Federal Pure Food and Drug Act of 1909 stipulated that opium as well as preparations and derivatives thereof, other than smoking opium or opium prepared for smoking, might be imported for medicinal purposes only. This statute made it unlawful to import smoking opium into the United States after April 1, 1909.

Federal Pure Food and Drug Act Amendment (Jan., 1914)

The Federal Pure Food and Drug Act Amendment of 1914 to the Federal Pure Food and Drug Act of 1909 provided in past that on and after July 1, 1914, all smoking opium, or opium prepared for smoking, found within the United States should be presumed to have been imported after the first day of April, 1909, and burden of proof should be on the claimist or the accused to rebut such presumption.

Smoking Opium Act (Jan., 1914)

The Smoking Opium Act of 1914 fixed a tax on all such opium manufactured in the United States at $300.00 per pound; in effect prohibiting its manufacture.

Harrison Narcotic Act (Dec., 1914)

The Harrison Narcotic Act of 1914 is a tax measure designed to control the importation, manufacture, production, preparation, purchase, sale, distribution, or gift of opium and its derivatives. It requires registration and payment of an occupational tax of all who deal in these substances. The act limits sales or transfers to registrants using official order forms, allowing exceptions only for legitimate medical or dental practice. Federal courts have maintained that dispensing of drugs to an addict merely for the gratification of addiction is not legitimate medical or dental practice.

Narcotic Drugs Import and Export Act (1922)

The Narcotic Drugs Import and Export Act of 1922 is a reenactment and revision of the 1909 law. It limits the importation of crude opium and coca leaves to amounts deemed necessary for medical and scientific needs and specifically prohibits the importation of opium for smoking or for the manufacture of heroin. It also provided heavy penalties for improper importation and exportation of narcotics. The purpose of this act is to stamp out the use of narcotics in the United States for legitimate purposes.

Import and Export Act Amendment (1924)

The Import and Export Act Amendment of 1924 to the Narcotic Drugs Import and Export Act of 1922 prohibits entirely the importation of opium for the manufacture of heroin. The effect of this legislation was practically to outlaw in this country the dangerous habit-forming drug-heroin.

Marihuana Tax Act (1937)

The controls over marihuana provided by the Marihuana Tax Act of 1937 were patterned after the Harrison Narcotic Act of 1914. This act has since become part of the Internal Revenue Code, and is actually a Tax law. The statute requires the registration and payment of a tax by all persons who import, manufacture, produce, compound, sell, dealing, dispense, prescribe, administer, or give away marihuana.

Opium Poppy Control Act (1942)

The Opium Poppy Control Act of 1942 prohibits the growth of the opium poppy (Papaver somniferum), in the United States, for the production of poppy seeds except under license and provides penalties for persons who grow the poppy illegally.

Harrison Narcotic Act Amendment (1946)

The Harrison Narcotic Act Amendment of 1946 to the Harrison Narcotic Act of 1914 provides for administrative inclusion of synthetic substances having addiction-forming or addiction-sustaining qualities similar to morphine or cocaine.

Boggs Act (1951)

The Boggs Act of 1951 is a mandatory-sentence law which provides severe penalties for the illegal possession or sale of narcotic drugs and limits the suspension of sentences or the granting of probation or parole to a first offender. This law stipulates that anyone who violates these federal laws may be fined not more than $2,000 and imprisonment not less than two or more than five years. For a second offense, the offender shall be fined not more than $2,000 and imprisoned not less than five or more than ten years. For a third of subsequent offense, the offender shall be fined not more than $2,000 and imprisoned not less than ten or more than twenty years.

Narcotic Control Act (1956)

The Narcotic Control Act of 1956 resulted from intensive studies made by Senate and House committees which investigated the narcotic problem in the United States in the wake of the postwar increase in juvenile addiction. Both committees recommended the imposition of heavy penalties as the strongest known deterrent to narcotic traffic and narcotic addiction.

This law stipulates as penalty for the unlaw sale of narcotics or marihuana between individuals (over 18 yrs. of age - first offense) a sentence of not less than five nor more than 20 years, with an optional fine up to $20,000. No probation, suspension, or parole is allowed. The minimum sentence for the second or subsequent offenses is ten years in prison. It also provides that any person having attained the age of eighteen years, who knowingly sells, gives away, furnishes or dispenses any heroin to any person who has not attained the age of eighteen years, may be fined not more than $20,000, imprisoned for life, or suffer death if the jury in its discretion, shall so direct.

Drug Abuse Control Amendments of 1965

The Drug Abuse Control Amendments to the Federal Food, Drug and Cosmetic Act applies to depressant and stimulant drugs other than the narcotics, and to other drugs which are determined to have a potential for abuse because of their depressant, stimulant, or hallucinogenic effect on man. Barbiturates, amphetamine, LSD, and comparable drugs are included under these provisions, and other drugs may be added as the need arises.

Under the provisions of this Federal law, all whoesalers, jobbers, and manufacturers of controlled drugs must register annually with the Food and Drug Administration and keep records of sale of these drugs. Pharmacists, hospitals, researchers, and doctors who regularly dispense and charge for the controlled drugs must maintain records which are available for inspection by the Food and Drug Administration.

Prohibitions include: refilling a prescription of anyone of the controlled drugs more than five times or later than six months after the prescription was originally written; manufacturing, processing, and compounding the controlled drugs, except by registered drug firms; and distributing the designated controlled drugs to persons not authorized to receive them by federal or state laws.

Illegal possession of dangerous drugs with intent of sale is prohibited, and severe (felony) penalties are provided for those over 18 years of age who sell or give drugs to anyone under 18 years of age.

In April, 1968, the Bureau of Narcotics and the Bureau of Drug Abuse Control were consilidated into the Bureau of Narcotics and Dangerous Drugs. This new bureau with the Bureau of Customs, has major responsibility for the enforcement of Federal drug-control laws.

The Narcotic AddictRehabilitation Act of 1966
Public Health Service Pub. No. 1782
Revised May 1969 (OC-15M-O2)

What is NARA?

NARA is the Narcotic Addict Rehabilitation Act of 1966 (Public Law 89-793), in which Congress established a new national policy for the treatment of narcotic addicts. The Act represents the view that narcotic addiction is symptomatic of an illness that should be treated and not a criminal circumstance in itself. Signed into law November 8, 1966, the Act provides for the civil commitment and treatment of narcotic addicts, including those charged with or convicted of violating certain Federal criminal laws.

NARA emphasizes total treatment of addicts. This means that a patient may receive hospital care followed by continuing supervised treatment and rehabilitation services available in his community.

The program is administered by the National Institute of Mental Health and the Department of Justice.

A New Approach

For the first time, Federal law provides that narcotic addicts may apply for treatment in lieu of prosecution for certain crimes and that addicts not charged with a criminal offense may also be committed to the Secretary of Health, Education, and Welfare for treatment and rehabilitation. Under the law, treatment and rehabilitation may include a wide range of services.

The Act sets in motion a new nationwide program for the treatment and rehabilitation of addicts in the community. In this way a patientcan be treated, supervised and guided in his local environment, where his problems cna be best understood and their solution best sought. This long-term support and supervision should lower the high relapse rate of treated addicts.

Who May be Eligible?

1. Narcotic addicts who are charged with a certain Federal Offense and who desire to be committed for treatment in lieu of prosecution.
2. Narcotic addicts who are convicted of a Federal crime and who may be committed by the court for treatment of their addiction.
3. Narcotic addicts not charged with a criminal offense who may apply for commitment to treatment. Petition for such commitment may also be made by a related individual.

Who Is Not Eligible?

1. Individuals who are charged with or convicted of "crimes of violence" such as voluntary manslaughter, rape, mayhem, kidnapping, robbery, burglary, or housebreaking at night, assault with a dangerous weapon, or assault with intent to commit an offense punishable by imprisonment for more than one year.
2. Individuals charged with unlawfully importing, selling, or conspiring to import or sell a narcotic drug.
3. Individuals who have been convicted of a felony on two or more occasions, or who have been civilly committed under this Act on three or more occasions are ineligible for commitment under Title I and II.

4. Individuals with pending prior charges of felonies which have not been finally determined or who are on probation or whose sentences following conviction have not been fully served, including any time or parole or mandatory release. An individual on probation, parole, or mandatory release may become eligible if the authority authorized to require his return to custody consents to his commitment.

Provisions of NARA

Title I

Authorizes Federal courts to commit for treatment, to the Secretary of Health, Education, and Welfare, certain eligible narcotic addicts who are charged with a Federal offense and who desire to be treated for their addiction, instead of being prosecuted for the criminal charge.

Before a patient can be committed for treatment, he must be examined by two physicians, one of whom is trained in psychiatry, to determine whether he is an addict and is likely to be rehabilitated through treatment. If it is determined that the person is an addict who is likely to be rehabilitated, he is committed to the Secretary, for a period of up to 36 months, during which time he may not voluntarily withdraw from treatment.

Treatment is provided first in a hospital. When the patient improves sufficiently, he may be conditionally released and placed under supervised outpatient care in his own community. If he resumes the use of narcotics, however, he may again be placed in the hospital.

If the patient successfully completes the treatment program, he will be discharged and the criminal charge against him will be dismissed. But if it is decided, at any time, that a patient can no longer be treated effectively, his commitment may be ended and prosecution on the criminal charge resumed.

Title II

Provides for a sentencing procedure to commit for treatment addicts who qualify under the Narcotic Addict Rehabilitation Act of 1966, and who have already been convicted of a crime.

If, in the opinion of the court, an offender is a narcotic addict, the court may place him in the custody of the Attorney General for an examination to determine whether he is an addict and whether he is likely to be rehabilitated through treatment.

The Attorney General has delegated to the U. S. Bureau of Prisons the authority to administer the Title II program. A special treatment program has been developed at the Federal Correctional Institution of Danbury, Connecticut, for male commitments from geographical areas east of the Mississippi River. Female commitments from the eastern portion of the country are designated to the Federal Women's Reformatory, Alderson, West Virginia. All male and female Title II commitment from geographical areas west of the Mississippi River are committed to special treatment units at the Federal Correctional Institution, Terminal Island, California.

After an individual committed under Title II has been treated in the institution for a minimum of six months, he may be paroled to aftercare. The range of aftercare services may include individual and/or groupcounseling, psychotherapy, urine testing, educational and vocational training, employment placement, temporary housing, assistance, counseling, , etc. All Title II releases are provided with an aftercare program whenever community resources are available.

Upon release to the community, each individual is supervised by a U. S. Probation Officer. The probation officer is an agent of the U. S. Board of Parole, and he is responsible for seeing that the conditions of release are met as outlined by the Board of Parole. Effective coordination of aftercare services necessitates a close working relationship between the institution treatment staff, probation officer, and the aftercare agency. Considerable freedom and flexibility are encouraged in institution and aftercare program planning and implementation.

Since the aftercare treatment needs of Title II releases are generally comparable to the needs of Title I and III cases, the Bureau of Prisons, will negotiate contracts with many of the same community agencies with whom the National Institute of Mental Health has contracts.

Title III

Provides for civil commitment of addicts not charged with an offense.

Such commitment must be initiated by petition to the U. S. Attorney of the district in which the addict lives. This may be done by the addict himself or by a related individual.

After the U. S. Attorney has determined that there is a reasonable cause to believe the person is an addict, the attorney must file a petition with the U. S. District Court, who may place the addict in the custody of the Secretary for examination. If the examination indicated that the patient is a narcotic addict who is likely to be rehabilitated through treatment, the court may commit him to the custody of the Secretary for a period of treatment and rehabilitation. The treatment will include an initial period of hospital care not to exceed six months, followed by a 36-month period of supervised care within his own community. If the patient refuses to comply, or if he again becomes addicted to narcotic drugs, he may be recommitted for additional in-hospital treatment or he may be discharged from the program.

Title IV

This Title originally authorized the Secretary to make grants to State and local governments and private non-profit organizations for development of field testing and demonstration programs to treat narcotic addicts, and for training prople to work in such programs. It also authorized the Secretary to enter into jointly financed cooperative arrangements with State and local governments and with public and private organzations to help develop, construct, operate, staff maintain treatment centers and facilities for narcotic addicts within the states.

Title IV of the NARA Act was changed in 1968 by Public Law 90-574 which authorized grants to public or non-profit private agencies and organizations to assist them in meeting the cost of construction and staffing of treatment facilities for narcotic addicts in conjunction with the national community mental health centers program.

The Secretary was further authorizedto make grants for developing specialized training programs or materials relating to the provision of public health services for the prevention and treatment of narcotic addiction; developing inservice training, shott-term, and refresher courses with respect to the provision of such services, training personnel to operate, supervise, and administer such services, and conducting surveys and field trials to evaluate the adequacy of the programs for the prevention and treatment of narcotic addiction within the States.

Implementing NARA

The National Institute of Mental Health Division of Narcotic Addiction and Drug Abuse has been designated to carry out the responsibilities for the examination and treatment of patients committed under Titles I and III. The Bureau of Prisons and Board of Parole within the Department of Justice is responsible for the treatment of patients committed under Title II. Both NIMH and the Department of Justice arranged with State and local programs and facilities to provide supervised care in the communites.

Discrimination Prohibited

Title IV of the Civil Rights Act of 1964 states: "No person in the United States shall, on the ground of race,color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program receiving Federal financial assistance". Therefore the support programs of the National Institute of Mental Health, like every other program or activity receiving financial assistance from the Department of Health, Education, and Welfare, must be operated in compliance with this law.

LAWS CONTROLLING THE TRAFFIC OF DRUGS AND NARCOTICS IN TEXAS

ART. 725 b. NARCOTIC DRUG REGULATIONS

Definitions

Section 1. The following words and phrases, as used in this Act, shall have the following meanings, unless the context otherwise requires:

(5) "Manufacturer" means a person who by compounding, mixing, cultivating, growing, or other process, produces or prepares narcotics drugs, but does not include an apothecary who compounds narcotic drugs to be sold or dispensed on prescriptions.

(6) "Wholesaler" means a person who supplies narcotic drugs that he himself has not produced nor prepared, on official written orders, but not on prescriptions.

(10) "Sale" includes barter, exchange, or gift, or offer therefore, and each such transaction made by any person, whether as principal, proprietor, agent, servant, or employee.

(11) "Coca leaves" includes cocaine and any compound, manufacture, salt, derivative, mixture, or preparation of coca leaces except derivatives of coca leaves which do not contain cocaine, ecognine or substance from which cocaine or ecognine may be synthesized or made.

(12) "Opium" includes morphine, codeine, and heroin, and any compound, manufacture, salt, derivative, mixture, or preparation of opium, but does not include apomorphine, or any of its salts.

(13) The term "Cannabis" as used in this Act shall include all parts of the plant Cannabis Sativa L., whether growing or not, the seeds thereof, the resin extracted from any part of such plant and every compound, manufacture, slat, derivative, mixture, or preparation of such plant, its seeds, or resin; but shall not include the non-resinous oil obtained from such seed, nor the mature stalks of such plant, nor any product or manufacture of such stalks, except the resin extracted therefrom and any compound, manufacture, salt, derivative, mixture, or preparation of such resin. The term "Cannabis" shall include those varieties of Cannabis known as Marihuana, Hashish and Hasheesh.

(14) "Narcotic drugs" means coca leaves, opium, and cannabis, amidone, and isonipecaine, every substance neither chemically nor physically distinguishable from them, and opiates which shall mean any drug found to be an addiction-forming or addiction-sustaining liability similar to opium or cocaine, which are now or may be added subsequently, as restricted preparations under the provisions of the Federal Narcotic Laws.

(15) "Federal Narcotic Laws" means the laws of the United States relating to opium, coca leaves, and other narcotic drugs.

(16) "Official written order" means an order written on a form provided for that purpose by the United States Commissioner of Narcotics under any laws of the United States making provision thereof.

(17) "Dispense" includes-distribute, leave with, give away, dispose of, or deliver.

(18) "Registry Number" means the number assigned to each person registered under the Federal Narcotic Laws.

Acts Prohibited

Sec. 2(a) It shall be unlawful for any person to manufacture, possess, have under his control, sell, prescribe, administer, dispense, or compound any narcotic drug.

(b) It shall be unlawful for any person to possess an opium pipe, instrument, or contrivance used in smoking a narcotic drug

(c) It shall be unlawful for any person except a physician, dentist, veterinarian, nurse, pharmacist, dealer in surgical instruments, or an attendant or intern of a hospital, sanatorium, or institution in which persons are treated for disability or disease, at any time to have, or possess a hypodermic syringe or needle or any instrument adapted for the use of narcotic drugs by subcutaneous injections in a human being and which is possessed for that purpose, unless such possession is for the purpose of subcutaneous injection of a drug or drugs, or medicines, the use of which is authorized by the direction of a licensed physician.

(d) Nothing in this Act shall apply to any hypodermic syringe or needle, or other instrument or paraphernalia used for the purpose of vaccinating or otherwise treating livestock. As amended Acts 1955, 54th Leg., p. 1027, ch. 386, & 1.

Sale on Written Orders

Sec. 5 (3) (Use of Official Written Orders). An official written order for any narcotic drug shall be signed in duplicate by the person giving said order or by his duly authorized agent. The original shall be presented to the person who sells or dispenses the narcotic drug or drugs named therein. In the event of the acceptance of such order by said person, each party to the transaction shall preserve his copy of such order for a period of two (2) years in such way as to be readily accessible for inspection by any public officer or employee engaged in the enforcement of this Act. It shall be deemed a compliance with this Subsection if the parties to the transaction have complied with the Federal Narcotic Laws, respecting the requirements governing the use of order forms.

Sales by Apothecaries

Sec. 6 (1) An apothecary in good faith may sell and dispense narcotic drugs to any person upon written prescription, or an oral prescription in pursuance to regulations promulgated by the U.S. Commissioner of Narcotics under Federal narcotic laws, or a physician, dentist, or veterinarian, dated and signed by the person prescribing, on the second day after the same is isssued and bearing in full, name and address of the patient for whom, or of the owner of the animal for which, the drug is dispensed, and the full name, address, and registry number under the Federal Narcotic laws of the person prescribing, if he is required by those laws to be so registered. If the drug is prescribed, the person filling the prescription shall write the date of the filling and his own signature on the face of the prescription. The prescription shall be retained on file by the proprietor of the pharmacy in which it is filled for a period of two years, so as to be readily accessible for inspection by any public official or employee engaged in the enforcement of this Act. The prescription shall not be refilled. As amended Acts 1955, 54th Leg., p. 1215, ch. 486, g 1.

Preparations Exempted

Sec. 8. Except as otherwise in this Act specifically provided, this Act shall not apply to the following cases:

Administering, dispensing, or selling at retail of any medicinal preparation that contains in one (1) fluid ounce, of if a solid or semisolid preparation, in one (1) avoirdupois ounce, not more than one (1) grain of codeine or of any of its salts.

The exemption authorized by this Section shall be subject to the following conditions: (1) That the medicinal preparation administered, dispensed, or sold, shall contain in addition to the narcotic drug in it, some drug or drugs conferring upon it medicinal qualities other than those possessed by the narcotic drug alone; and (2) that such preparation shall be administered, dispensed, and sold in good faith as a medicine, and not for the purpose of evading the provisions of this Act.

Labels

Sec. 10. (1) Whenever a manufacturer sells or dispenses a narcotic drug, and whenever a wholesaler sells or dispenses a narcotic drug in a package prepared by him, he shall securely affix to each package in which that drug is contained a label showing in legible English the name and address of the vendor and the quantity, kind, and form of narcotic drug contained therein. No person, except an apothecary for the purpose of filling a prescription under this Act, shall alter, deface, or remove any label so affixed.

(2) Whenever an apothecary sells or dispenses any narcotic drug on a prescription isssued by a physician, dentist, or veterinarian, he shall affix to the container in which such drug is sold or dispensed, a label showing his own name, address, and registry number, or of the name, address, and or, if the patient is an animal, the name and address of the owner of the animal and the species of the animal; the name and address, and registry number of the physician, dentist, or veterinarian by whom the prescription was written; and such directions as may be stated on the prescription. No person shall alter, deface, or remove any label so affixed.

Authorized Possession of Narcotic Drugs
Individuals

Sec. 11. A Person to whom or for whose use any narcotic drug has been prescribed, sold or dispensed, by a physician, dentist, apothecary, or other person authorized under the provisions of Section 5 of this Act, and the owner of any animal for which any such drug has been prescribed, sold, or dispensed, by a veterinarian, may lawfully possess it only in the container in which it was delivered to him, by the person selling or dispensing the same.

Seizure without Warrant

Sec. 15. Officers and employees of the Department of Public Safety, and all peace officers who have authority to, and are charged with the duty of enforcing the provisions of this Act, shall have power and authority, without warrant, to enter and examine any buildings, vessels, cars, conveyances, vehicles, or other structures or places, when they have reason to believe and do believe that any or either of the same contain narcotic drugs manufactured, bought, sold, shipped, or had in possession contrary to any of the provisions of this Act, or that the receptacle containing the same is falsely labeled, except when any such building, vessel, or other structure is occupied and used as a private residence, in which event a search warrant shall procured as herein below provided.

Said officers and employees of the Department of Public Safety and all peace officers who have authority to and are charged with the duty of enforcing the provisions of this Act, shall further have power and authority, , without warrant, to open and examine any box, parcel, barrel, package, or receptacle in the possession of any person which they have reason to believe, and do believe contain narcotics drugs manufactured, bought, sold, shipped or had in possession contrary to any of the provisions of this Act and that the receptacle containing same is falsely labeled.

Officers and employees of the Department of Public Safety and peace officers who have authority, and are charged with the duty of enforcing the provisions of this Act, when acting under circumstances and conditions where a search or inspection is authorized without a warrant, as immediately herein above provided shall be given free access to and shall not be hindered or interfered with in their examination of buildings, vessels, cars, conveyances, vehicles, or other structures or places, and in any case any officer or employee of the Department of Public Safety is hindered or interfered with in making such examination, any license held by the person preventing such free access of interfering or hindering such officers, employees, or employee, shall be subject to revocation by the Department of Public Safety.

Fraud or Deceit

Sec. 20. (1) No person shall obtain or attempt to obtain a narcotic drug, or procure the administration of a narcotic drug, (a) by fraud, deceit, misrepresentation, or subterfuge; or (b) by the forgery of alternation of a prescription or of any written order; or (c) by the concealment of a material fact; or (d) by the use of a false name or the giving of a false address.

(2) Information communicated to a physician in an effort unlawfully to procure a narcotic drug, or unlawfully to procure the administration of any such drug, shall not be deemed a privileged communication.

(3) No person shall willfully make a false statement in any prescription, order, report, or record, required by this Act.

(4) No person shall, for the purpose of obtaining a narcotic drug, falsely assume the title of, or represent himself to be, a manufacturer, wholesaler, apothecary, physician, dentist, veterinarian, or other authorized person.

(5) No person shall make or utter any false or forged prescription of false or forged written order.

(6) No person shall affix any false or forged label to a package or receptacle containing narcotic drugs.

(7) The provisions of this Section shall apply to all transactions relating to narcotic drugs under the provisions of Section 8 of this Act, in the same way as they apply to transactions under all other Sections.

Penalties

Sec. 23. (a) Except as provided in Subsections (b) and (c) of this section, any person who violates any provision of this Act is guilty of a felony and upon a first conviction is punishable by imprisonment in the penitentiary for not less than two years nor more than life: and upon a second or subsequent conviction, he is punishable by imprisonment in the penitentiary for not less than 10 years nor more than life. Suspended sentence or probation under the Adult probation and Parole Law[1] is not available to a person upon a second or subsequent conviction.

(b) Except as provided in Subsection (c) of this section, any person who unlawfully furnishes, sells, barters, trades, administers, or gives, or offers to furnish, sell, barter, trade, administer, or give to another person any narcotic drug; is guilty of a felony and upon a first conviction is punishable by imprisonment in the penitentiary for not less than five years nor more than life; and upon a second or subsequent conviction, he is punishable by imprisonment in the penitentiary. Under the Adult Probation and Parole Law this is not available to a person upon a second or subsequent conviction.

(c) Any person 21 years of age or older who unlawfully furnishes, sells, barters, trades, administers, or gives, or offers to furnish, sell, barter, trade, administer, or give to a person under the age of 21 years any narcotic drug, or who unlawfully hires employees, or uses a person under the age of 21 years in unlawfully transporting, carrying, selling, giving away, preparing for sale, or peddling any narcotic drug, is guilty of a felony upon a first conviction is punishable by imprisonment in the penitentiary for not less than five years nor more than life; and upon a second or subsequent conviction, he is punishable by imprisonment in the penetentiary for not less than 10 years nor more than life, or by death. Suspended sentence or probation under the Adult Probation and Parole Law is not available to a person under a second or subsequent conviction.

Sec. 23 amended by Acts 1961, 57th Leg., p. 315, ch. 167 & 1, emerg. eff. May 17, 1961; Acts 1969, 61st Leg., p. 703 ch. 242 & 1, emerg. eff. May 21, 1969.

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[1] Article 718 b

Name of Act

Sec. 28 This act may be cited as the Uniform Narcotic Drug Act.

Note 1

3. Nature of offense general

Accused charged with unlawful possession of marihuana was properly convicted of felony, as against contention that offense charged was a misdemeanor. Spangler v. State (1938) 135 Cr. R. 36, 177 SW. 2d 63.

4. Possession, nature of offense

To constitute unlawful act of possessing marijuana, there must be possessed an amount sufficient to be applied to the use commonly made thereof which is to smoke it in cigarettes, and unless amount of marijuana possessed is such as is capable of being applied to that use, it does not constitute "Marihuana" within meaning of statute, Pelham v. State (1957) 164 Cr. R. 226, 298 S.W. 2d 171.

In prosecution for possession of marijuana, based on evidence that defendant had had one cigarette containing marijuana in his possession, evidence on question of whether defendant had had a sufficeint quantity of marijuana to be applied to use commonly made thereof was sufficient to sustain conviction. Gonzalez v. State (Cr. App. 1960) 331 S.W. 2d 327.

In indictment for possession of marijuana, it is necessary to allege that quantity possessed was sufficient to be applied to use commonly made thereof. Locke v. State (Cr. App. 1960) 334 S.W. 2d 292 .

Where marijuana cigarettes found in defendant's automobile and on his person and cigarettes found in his apartment were all found in one continuous transaction and were shown to be under defendant's care, control, and management, fact that apartment was several blocks removed from where defendant's automobile was searched did not require an election by state as to which marijuana cigarettes it would rely on to seek a conviction. Sikes v. State (Cr. App. 1960) 334 S.W. 2d 440.

Where officers found a grain of loose marijuana in a suitcase which also contained woman's clothes and cosmetics as well as letters addressed to the female defendant and as soon as she learned the identity of the officers she fled, such constituted a sufficient showing that she possessed the marijuana so as to sustain the conviction thereof; it being immaterial whether she possessed the marijuana alone or jointly with her husband. King v. State (Cr. App. 1960) 335 S.W. 2d 378.

Note 5

9. Arrest

Right to arrest woman, who as in vehicle with person upon whose person was found two cans of marihuana and to take brown sack containing marihuana from her, would depend upon her acts and conduct.
Id.

Where police officer received information from an informant that certain automobile would be coming down a certain street in next few minutes and that driver thereof would have marihuana in his possession, and officer immediately proceeded to such street and while stopped at a light described automobile stopped behind him, and as an officer was walking toward such an automobile he noticed several suspicious motions by occupant and smoke coming from occupant's mouth and officer thereupon opened door and observed burning cigarette on floor board, officer has reasonable ground to believe that occupant possess marijuana and was committing a felony in his presence as to authorize arrest and search of occupant and automobile without a warrant. Sikes v. State (Cr. App. 1960) 334 S.W. 2d 440.

Note 30

30. Sentence and punishment in general

The fact that defendant's prior conviction of selling narcotic drugs, as alleged in indictment for possession of marijuana, occured before enactment of amendment to Uniform Narcotic Drug Act providing for increased punishment on second, third, and subsequent convictions did not preclude such enhanced punishment on the conviction of offense charged indictment. Gomez v. State (1955) 162 Cr. R. 30, 280 S.W. 2d 278.

Where defendant pleaded guilty to possession of marihuana and punishment was assessed at three years trial court had failed to give application to provision for indeterminate sentence under C.C.P art. 775, and sentence would be reformed so as to order defendant's confinement for not less than two nor more than three years.

Sentence to life imprisonment for possession of marihuana was not excessive. Garcia v. State (1958) 166 Cr. R. 482, 316 S.W. 2d 734.

Where court's charge in prosecution for possession of marihuana authorized jury to assess punishment for life or any term of not less than 10 years upon finding that defendant unlawfully possessed marihuana in Texas and futher finding that he had been previosly convicted in California of unlawful possession of narcotic, and also authorized jury to assess punishment of not less than two years nor more than life if found beyond reasonable doubt that defendant had unlawfully possessed marihuana in Texas, and jury assessed punishment at 75 years, even if conviction could not be upheld as a subsequent conviction for violation of Uniform Narcotic Drug Act, or conviction for first violation with punishment enhanced, conviction could be upheld as a first conviction for possession of marihuana without enhancement of punishment since punishment was one authorized for unlawful possession of narcotic drug as a first or subsequent offense. Leal v. State (Cr. App. 1960) 332 S.W. 2d 729.

In prosecution for possession of marihuana, there was no error because jury, none of whom professes to know the law, generally discussed the fact that an inmate would be eligible for parole after having served one third of his time. Id.

In prosecution for unlawful possession of marihuana where trial court assessed a term of three years in the penitentiary, probation of sentence was a matter within discretion of trial judge, Hudson v. State (Cr. App. 1960) 334 S.W. 2d 446.

Felony theft conviction was not offense of same nature as unlawful possession. Ex. parte Aaron (Cr. App. 1969) 336 S.W. 2d 180.

Note 42

39. Growing marihuana plants

No distinction would be applied because owner of land on which defendant, charged with unlawful possession of narcotics, was growing marihuana plants was the county rather than an individual. Massiate v. State (Cr. App. 1963) 365 S.W. 2d 802.

Evidence disclosing that defendant was caring for growing marihuana plants was sufficient to sustain conviction for unlawful possession of marihuana even though plants at time of defendant's arrest, allegedly had no more than a microscope bit on narcotics if any. Id.

ART. 725C. NARCOTIC ADDICTS

Definition

Section 1. The term "Narcotic drugs" as used in this Act shall have the same meaning as the definition of that term in Chapter 169, Acts of the Forty-fifth Legislature; Regular Session, 1937 (Uniform Narcotic Drug Adt)[1] as amended by subsequent Acts of the Legislature.

Acts Prohibited

Section 2. It shall be unlawful for any person to habitually use narcotic drugs, be addicted to the use of narcotic drugs, or be under the influence of narcotic drugs, provided however, that nothing in this Section shall be applicable to a person who has a medical need for narcotic drugs and who obtains the narcotic drugs required for such medical need in accordance with the laws of the State of Texas and of the United States. Acts 1953, 53rd Leg. p. 594, ch. 237.

Penalties

Sec. 3. Any person violating any provision of this Act shall be guilty of a felony, and upon conviction shall be punished by confinement in the penitentiary for a period of not more than three (3) years. The benefits of the suspended sentence law shall not be available to a person convicted of violating any provision of this Act. As amended Act 1955, 54th Leg. p. 1026, ch. 385 1.

Supplementary Index to Notes
1. Validity

This article insofar as it makes it a crime for a person to be addicted to the use of narcotic drugs, is invalid. Salas v. State (Cr. App. 1963) 365 S.W. 2d 174, certiorari dismissed 84 S. Ct. 96, 375 U.S. 15, 11 L.Ed. 2d 45.

The invalid portion of this article which makes it a crime for a person to be addicted to use of narcotic drugs did not invalidate remainder of the article prohibiting a person from habitually using or being under the influence of narcotic drugs. Id.

This article making it crime for person to be addicted to use of narcotic drugs was invalid and conviction thereunder was void. Ex. parte Rogers (Cr. App. 1963) 366 S.W. 2d 559.

5. Review

Where defendant was charged with the "act" of being under the influence of a narcotic drug, to which indictment defendant pleaded guilty before court sitting without jury, appellate court would presume that court considered only such evidence as was admissible and that court based its judgment on the valid portion of this article and not one the invalid part which makes it a crime for a person to be addicted to use of narcotic drugs. Salas v. State (Cr. App. 1963) 365 S.W. 2d 174 certiorari dismissed 84 S.Ct. 96 375 U.S. 15, 11 LEd. 2d 45.

Defendant's conviction for act of habitual use of narcotic drugs was valid and was properly used for enhancement of punishment for defendant's subsequent conviction for offense of burglary. McSwain v. State (Cr. App. 1966) 403 S.W. 2d 432.

ART. 725d. Transportation or possession of contraband narcotic; seizure, forfeiture and sale of vessel, vehicle or aircraft

Acts Prohibited

Definition

Section 1. It shall be unlawful within this State:

(a) To transport, carry or convey any contraband narcotic in, upon or by means of any vessel, vehicle or aircraft or any occupants thereof;

(b) To conceal or possess any contraband narcotics in or upon any vessel, vehicle, or aircraft or occupants thereof;

(c) To use any vessel, vehicle, or aircraft or occupants thereof to facilitate the transportation, carriage, conveyance, receipt, possession, purchase, sale, barter, exchange or gift of any contraband narcotic.

For purposes of this Act, "any contraband narcotic" shall mean any narcotic or drug, the use, manufacture, possession, control, sale, prescription, administering, dispensing or compounding of which is made illegal by the provisions of Acts of 1937, Chapter 169 as last amended by Acts of 1953, Chapter 328, compiled as Article 725b of the Penal Code; or of Acts of 1958, Chapter 237, compiled as Article 725c of the Penal code; or of Acts of 1949, Chapter 490, compiled as Article 726b of the Penal Code; or of Acts of 1951. Chapter 413, compiled as Article 726c of the Penal Code; or of any subsequently enacted law defining or prescribing illegal activities with narcotics or drugs.

ART. 726D DANGEROUS DRUGS

Definitions

Sec. 2. For the purposes of this Act:

(a) The term "dangerous drugs" means any drug unsafe for self-medication, except preparation of drugs defined in Subdivisions (a) (6), (a) (9), and (10) hereof, designed for the purpose of feeding or treating animals (other than man) or poultry, and so labeled, and includes the following:

(1) Any barbiturate or its compounds, mixtures or preparation or other hypnotic drugs. "Barbiturates" include malonylurea derivatives and barbituric acid derivatives. Other "hypnotic drugs" include but are not limited to the following: chloral, paraldehyde, sulfonmethane derivatives, or any other compounds or mixtures or preparations that may be used for producing hypnotic effects.

(2) Amphetamines including but not limited to the following: methamphetamine, desoxyephedrine, or compounds of mixtures thereof.

(3) Hallucinogens including but not limited to the following: lysergic acid diethylamide; LSD - 2, 5-Dimethoxy-4-methylamphetamine; dimethyltryptamine; psilocybin; hencyclidine; bufotenie; peyote; mescaline, and their salts and derivatives, or any compounds, mixtures or preparations which are chemically identical with such substances; provided, however, that the provisions of this sub-division shall not apply to unharvested peyote growing its natural state. The listing of peyote in this subparagraph does not apply to its use in bonafide religious ceremonies of the Native American Church; however, persons who supply the produce to the church are required to register and maintain appropriate records of receipts and disbursements of the article in accordance with regulations promulgated by the State Board of Pharmacy. The State Board Pharmacy may likewise cancel, suspend, or revoke such registration for violations of this Act. The exemption granted thereof with less than 25 percent Indian Blood.

(4) Aminopyrine, or compounds of mixtures thereof.

(5) Cantharidin or a compound related structurally to canthariden or cinchopen, neocinchophen, or compound or mixtures thereof.

(6) Diethyl-stilbestrol, or compounds of mixtures thereof.

(7) Ergot, cotton root, or their contained or derived active compounds or mixtures thereof.

(8) Oils of croton, rue, savin or tansy or their contained or derived compounds or mixtures thereof.

(9) Sulfanilamide or substituted sulfanilamides, or compounds or mixtures thereof, except preparations for topical application only containing not more than five percent (5%) strength.

(10) Thyroid and its contained or derived active compounds or mixtures thereof.

(11) Phenylhydantaoin derivatives.

(12) Thallium or any compound thereof.

(13) Any drug which bears the legend: Caution: federal law prohibits dispensing without prescription.

(b) The term "delivery" means sale, dispensing, giving away, or supplying in any other manner.

(c) The term "patient" means, as the case may be:

(1) The individual for whom a dangerous drug is prescribed or to whom a dangerous drug is administered; or

(2) The owner of the agent of the owner of the animal for which a dangerous drug is prescribed or to which a dangerous drug is administered.

(d) The term "person" includes individual, corporation, partnership, and association.

(e) The term "practitioner" means a person licensed by the State Board of Medical Examiners, State Board of Dental Examiners, State Board of Chiropody Examination, and State Board of Veterinary Medical Examiners to prescribe and administer dangerous drugs.

(f) The term "prescription" means a written order, and in cases of emergency a telephone order by a practitioner to a pharmacist for a dangerous drug for a particular patient, which specifies the date of its issue, the name and address of the patient (and, if such dangerous drug is prescribed for an animal, the species of such animal), the name and quantity of the dangerous drug prescribed, and the directions for use of such drug.

(g) The term "pharmacist" shall mean a person licensed by the State Board of Pharmacy to practice the profession of pharmacy and to prepare, compound, and dispense physician's prescriptions, drugs, medicines, and poisons.

(h) The term "manufacturer" means persons other than pharmacists who manufacture dangerous drugs, and includes persons who prepare such drugs in dosage form by mixing, compounding, encapsulating, entableting, or other process.

(i) The term "wholesaler" means persons engaged in the business of distributing dangerous drugs to persons included in any of the classes named in Subdivisions (1) to (6) inclusive of Section 4.

(j) The term "warehouseman" means persons who store dangerous drugs for others and who have no control over the disposition of such dangerous drugs except for the purpose of such storage.

(k) The term "Board" means Texas State Board of Pharmacy. Sec. 2. subsec. (a) amended by Acts 1965, 59th Leg. p. 971, Ch. 466, & 1, eff. Aug. 30, 1965; Acts 1967, 60th Leg. p. 1847, ch. 720 & 1. eff. Aug. 28, 1967. Sec. 2 amended by Acts 1969, 61st Leg. p. 1474, ch. 437 & 1, emerg. eff. June 4, 1969.

Sec. 3

(d) The possession of a barbiturate or hypnotic drug, as well as those drugs set forth in Section 2 (a) hereof, by any person unless such person obtained the drug under the specific provision of Section 3 (a) (1) and (2) of this Act and possess the drug in the container in which it was delivered to him by the pharmacist or practitioner selling or dispensing the same; and any other possession of a barbiturate or hypnotic drug, as well as those drugs set forth in Section 2 (a), hereof, shall be prima facie evidence of illegal possession.

Penalties

Sec. 15

(a) Any person possessing in violation of Section 3 of this Act any dangerous drug defined in Section 2 (a) of this Act shall be fined an amount not to exceed three thousand dollars ($3,000) or confined in jail for a period of not less than thirty (30) days nor more than two (2) years, or by both such fine and imprisonment. For any second or subsequent violation, any person shall be guilty of a felony and shall be confined in the penitentiary not less than two years (2) nor more than ten (10) years. Notwithstanding the penalties herein above set out in this Section, any person possessing in violation of Section 3 of this Act methamphetamine, as defined in Section 2. (a) (2) of this Act shall be guilty of a felony and shall be confined in the penitentiary not less than two (2) years nor more than ten (10) years.

(b) Any person who sells or delivers in violation of this Act any dangerous drug defined in this Act, shall be guilty of a felony and upon conviction is punishable by confinement in the penitentiary for not less than two (2) years nor more than ten (10) years.

(c) Any person violating any other provision of this Act not set out in Subsection (a) or (b) of this section shall be fined an amount not exceeding three thousand dollars ($3,000) or confined in jail for a period of not less than thirty (30) days not more than two (2) years, or by both such fine and imprisonment. For any second or subsequent violation any person shall be guilty of a felony and shall be confined in the penitentiary not less than two (2) years nor more than ten (10) years.

(d) Any person over twenty-one (21) years of age who hires, employs or users a person under twenty-one (21) years of age in unlawfully transporting, carrying, selling, giving away, preparing for sale, or peddling any dangerous drug, or who unlawfully sells, gives, furnishes, administers, or offers to sell, give, furnish or administer any dangerous drug to a person under twenty-one (21) years of age shall, upon conviction, be punished by confinement in the penitentiary for life or for any term of years not less than ten (10).

Sec. 15 amended by Acts 1967, 60th Leg., p. 1848, ch. 720, & 3 eff. Aug. 28 1967; Acts 1969, 61st Leg., p. 1474, ch. 437 & 5 emerg. eff. June 4, 1969.

Reference

Public Health - Title 12, Chapter Three ——————

"DRUGS; NARCOTICS AND POISONS". Proceedings of the Texas State Legislatures: 57th-1961; 61st-1969.

STATE SCHOOL POLICIES

THE ATTORNEY GENERAL
OF TEXAS

AUSTIN, TEXAS 78711

CRAWFORD C. MARTIN
ATTORNEY GENERAL

January 9, 1969.

Honorable J. W. Edgar
Commissioner of Education
Texas Education Agency
201 East 11th Street
Austin, Texas 78711

M-332

Re: Questions concerning when a student may be legally suspended or expelled from school for drug abuse charges upon which a local school board finds the student guilty without awaiting disposition of criminal charges in court, and related questions.

Dear Mr. Edgar:

You have requested the opinion of this office concerning certain disciplinary powers on the part of the board of trustees of an independent school district. Restated, your questions are as follows:

1. May the board of trustees suspend or expel a student from school on the basis of an indictment for a narcotics offense (i.e., illegal possession, use, or sale of prohibited drugs).

2. May the board of trustees suspend or expel a student accused of a narcotic offense following a hearing before the school board without awaiting the disposition of criminal trial in the courts.

3. Would the members of the school board be liable in damages for expelling a student for narcotic violation if such student were subsequently found innocent in the state court.

In preparing this opinion, this office has examined the disciplinary policies enacted by the school district in question. It is noted that prior to November 12, 1968, there was no policy concerning dangerous drugs and narcotics.

It is our opinion that the board of trustees would have no authority to expel a student for narcotic-connected offenses occurring prior to that date.

Since November 12, 1968, the following policy has been in effect:

> "Any student known to have a dangerous drug or narcotic drug in his possession, or known to be under the influence thereof, while in school or while participating in a school-sponsored function, after due notice to the violator and after hearing before the Board of Trustees and if found guilty, the student shall be expelled for the balance of the semester and no credits be given to the student for the semester.
>
> "Any student who shall have been convicted of a misdemeanor or felony for the possession, use, or sale of a dangerous drug or narcotic drug while outside the school, will be expelled by the Board of Trustees for the current semester, and no credit be given to the student for the semester."

Pursuant to the above policy, the board of trustees is now enabled to exercise such powers as are delineated in the recent case of *Cornette v. Aldridge*, 408 S.W.2d 935 (Tex.Civ.App. 1966, err.ref.), wherein the following statements appear:

> "The courts will not interfere with the exercise of discretion by school directors in matters confided by law to their judgment, unless there is a clear abuse of the discretion, or a violation of law. So the courts *** will not consider whether the regulations are wise or expedient, but merely whether they are a reasonable exercise of the power and discretion of the board. Acting reasonably within the powers conferred, it is the province of the board of education to determine what things are detrimental to the successful management, good order, and discipline of the schools *** . The presumption is always in favor of the reasonableness and propriety of a rule or regulation

> duly made. The reasonableness of regulations is a question of law for the courts.
>
> "...the right to attend public schools is conditioned on compliance by pupils with established reasonable rules, regulations and requirements of the school authorities, breaches of which may be punished by suspension or expulsion and that the school authorities have the right to define the offenses for which the punishment of exclusions may be imposed, to determine whether the offense has been committed and that such discretion vested in school authorities is very broad.
>
> "...its acts will not be interfered with nor set aside by the courts, unless there is a clear abuse of the power and discretion conferred. Acting reasonably within the powers conferred, it is the province of the board of education to determine what things are detrimental to the successful management, good order, and discipline of the schools and the rules required to produce these conditions.
>
> "...We agree with the Supreme Court of Tennessee in State ex rel. Sherman v. Hyman, supra, to the effect that a fair hearing before school officials does not contemplate a trial as in a chancery court or court of law. The student should be given every fair opportunity of showing his innocence, which Aldridge had. When they have done this and the disciplinary committee has reached a conclusion, they have done all the law requires them to do." (Emphasis added.)

It is, therefore, the opinion of this office that a school board may expel a student for a narcotic violation while in school or participating in a school sponsored function as set forth in Section 1 of its disciplinary policies governing Dangerous Drugs and Narcotics following a hearing before the board without regard to the disposition of any criminal proceedings in the state court.

It is our opinion that a student may be expelled following a hearing before the board if it be shown that such student had been finally convicted as set forth in Section 2 of the policy on Dangerous Drugs and Narcotics.

It is further our opinion that liability on the part of the members of the school board is governed by the general rule in such matters and that no such liability would arise in the absence of malice or gross misconduct on the part of the board.

However, there could be no right to expel or suspend from school on the sole basis of an indictment. Such a policy would be unreasonable. It is a basic tenet of criminal law that an indictment is merely a written statement of a grand jury accusing a person of some act or omission which, by law, is declared to be an offense; it constitutes no evidence of guilt and may not be considered for any purpose other than as a legal pleading whereby a case is brought into court for a hearing. See Articles 21.01, et seq., Vernon's Texas Code of Criminal Procedure, and cases annotated thereunder.

You are, therefore, advised that the school board would not be authorized to act solely on the basis of an indictment or complaint, but that it would be necessary to have a hearing of its own wherein the student is given every fair opportunity of showing his innocence of the offense charged. Dixon v. Alabama, 294 F.2d 150 (5th Cir. 1961), holding that the rudiments of an adversary proceeding must be preserved to the end that the requirements of due process of law will have been fulfilled.

SUMMARY

When a school board has published a discipline policy concerning Dangerous Drugs and Narcotics, a student may be expelled for violation of such policy.

The school board must conduct its own hearing, and disposition of state court charges will have no effect on the action of the board (except as evidence).

The board incurs no liability if its actions are reasonable, but it may not legally suspend or expel a student from school solely on the basis of an indictment for a narcotics offense. The student is entitled to a hearing in which he is given every fair opportunity of showing his innocence of the offense charged and the requirements of due process of law must be fulfilled before a school board may expel a student.

Yours very truly,

Crawford C. Martin

CRAWFORD C. MARTIN
Attorney General of Texas

Prepared by Howard M. Fender
Assistant Attorney General

APPROVED:

OPINION COMMITTEE
Kerns Taylor, Chairman
George Kelton, Vice-Chairman
John Banks
Mark White
Tom Bullington
Bob Darden

Hawthorne Phillips
EXECUTIVE ASSISTANT

LOCAL SCHOOL POLICIES

OPEN LETTER TO THE PARENTS OF LAREDO JUNIOR AND SENIOR HIGH SCHOOL STUDENTS

As you doubtless are aware, the news media have recently carried reports of the use and sale of dangerous drugs and narcotics by some students in our Laredo secondary schools.

For the good of the students involved and for the benefit of the rest of the students in our schools, it is mandatory that strong and effective steps be taken to combat this evil.

The school administrators and the Board of Trustees have, therefore, adopted and intend to enforce the following policy relating to the use and possession of drugs, narcotics, alcohol, or tobacco.

1. Any student who shall have a dangerous drug, narcotic, or alcoholic beverage in his possession, or known to be under the influence thereof, while in school or while participating in a school-sponsored activity; shall be suspended from school by the Administration for the balance of the then current semester.

2. Any student who shall have been convicted of a misdemeanor or felony for the possession, use, or sale of a dangerous drug or narcotic while outside the school, shall be suspended from school for the balance of the then current semester, or he may be expelled by the Board of Trustees if his presence in school adversely affects the welfare of the best interests of the other students.

3. Any student known to have in his possession, or known to have smoked a cigarette, cigar, pipe, or any other form of tobacco, either while at school or while particiapting in a school activity or a school - sponsored activity, shall be:

   a. On the first offense, suspended from school for a period of one (1) day.

   b. On the second offense, suspended from school for three (3) days, and deprived of privileges of participating in any extracurricular activities and of holding any student office.

   c. On the third offense, suspended from school for the balance of the then current semester.

Appeals concerning the infliction of any of the foregoing punishments may be directed to the Board of Trustees.

A copy of the foregoing policy will be delivered to each student and its contents will be read to every student in Laredo senior and junior high schools. Each student will be requested to deliver to his parents a copy of this policy. In a further effort to acquaint each parent with the contents thereof, and to more forcibly bring this matter to the attention of each and every parent, the local news media have been requested to publicize this matter as a public service.

It is the sincere hope of the whole school system that such practices will be stopped immediately; and it is believed that this can only be done by cooperation of each and every parent, who must realize he is responsible for the conduct of his own child.

An agreement has been entered into the various Boards and Administrations of all public, private, and parachial schools of this community to the effect that once a student is expelled from any local school for using or pushing narcotics, other dangerous drugs, alcohol, or tobacco, he will not be accepted for admittance to any other school entering into this agreement.

It definitely will be the policy of the Laredo Public Schools to honor this agreement in every instance.

APPENDIX E
BASIC INFORMATION FOR THE TEACHER
ABOUT DRUG ABUSE

WHAT IS A DRUG?

A drug is a substance that has an effect upon the body or mind. This publication deals only with those drugs that have a potential for abuse because of their mind-altering capability.

WHAT IS DRUG DEPENDENCE?

Drug dependence is a state of psychological or physical dependence, or both, which results from chronic, periodic, or continuous use. Many kinds of drug dependence exist; they all have specific problems associated with them.

Not everyone who uses a mind-altering chemical becomes dependent upon it. Alcohol is one common example of this point. The majority of persons who drink do not harm themselves or those around them. However, more than five million Americans are dependent upon alcohol.

WHAT IS HABITUATION?

Habituation is the psychological desire to repeat the use of a drug intermittently or continuously because of emotional reasons. Escape from tension, dulling of reality, euphoria (being "high") are some of the reasons why drugs come to be used habitually.

WHAT IS ADDICTION?

Addiction is physical dependence upon a drug. Its scientific definition includes the development of tolerance and withdrawal. As a person develops tolerance he requires larger and larger amounts of the drug to produce the same effect. When use of the addicting drug is stopped abruptly, the period of withdrawal is characterized by such distressing symptoms as vomiting and convulsions. A compulsion to repeat the use of the addicting drug is understandable because the drug temporarily solves one's problems and keeps the withdrawal symptoms away.

Drugs other than narcotics can become addicting. Some people have acquired an addiction to sedatives and certain tranquilizers. Stimulants in very large doses are addictive.

Whether the person is physically addicted or abuses drugs for psychological reasons, he is dependent upon drugs. Drug dependence of any kind is a serious problem for the individual and society.

ARE ALL DRUGS HARMFUL?

Every drug is harmful when taken in excess. Some drugs can also be harmful if taken in dangerous combinations or by hypersensitive people in minute or ordinary amounts.

The fact that certain drugs can produce enormously beneficial results has produced the false notion that pills will solve all problems. Society must develop a new respect for all drugs. Drugs that affect the mind can have subtle or obvious side effects. These can be immediate or may become evident only after long, continuous use.

WHY ARE DRUGS BEING ABUSED THESE DAYS?

Drug abuse is not a new phenomenon. Varying forms of drug abuse have been present for years in the United States and other countries. There are many reasons for the current epidemic of drug misuse. Very broadly, drug abuse can be described as an effort by individuals to feel different than they do. Many drugs temporarily allow their users to evade frustrations, to lessen depression and feelings of alienation, or to escape from themselves. Such misuse of drugs, of course, does not produce any improvement in the problems of the individual of society. Rather, it is a flight from problems.

Some of the factors in the great "turn on" of recent years are:

1) The widespread belief that "medicines" can magically solve problems.

2) The numbers of young people who are dissatisfied or disillusioned, or who have lost faith in the prevailing social system.

3) The tendency of persons with psychological problems to seek easy solutions with chemicals.

4) The easy access to drugs of various sorts.

5) The development of an affluent society that can afford drugs.

6) The statements of proselytizers who proclaim the "goodness" of drugs.

WHAT IS MEANT BY A DRUG CULTURE?

A drug culture or subculture is a group of people whose lives are committed to drugs. The members of any subculture may congregate in a particular geographic area, such as the Haight-Ashbury district in San Francisco.

Marihuana is almost invariably smoked in such communities, but hallucinogens, sedatives, stimulants and narcotics are also used. It has been demostrated that these subcultures are transient in nature; only a minority of the members remain for more than a year.

WHERE ARE MOST DRUG USERS LOCATED?

The location of users varies with the drug in question.. Until recently, almost all heroin use was confined to males in urban ghettos. Now this pattern is changing. A few young people in suburban areas use heroin. Marihuana formerly was seen primarily in disadvantaged areas, in certain Mexican-American communities, and in some groups of jazz musicians and similar persons. Today, marihuana smokers and users of hallucinogens are found among middle and upper class young people and other groups. Barbiturates and amphetamines were once abused primarily by middle and upper class adults. Now, many youngsters of all classes are misusing them. The important thing to keep in mind is that drug use patterns are changing rapidly in the United States.

WHY DO DEPENDENCY PRODUCING DRUGS HAVE SUCH A WIDE RANGE OF EFFECTS UPON DIFFERENT USERS?

The effects of mind-altering substances are related to the expectations of the user, the setting in which the use takes place, and the potency of the drug. Mind-altering substances can have vastly different effects upon different people because such drugs release individual underlying personality traits that are ordinarily covered up. Internal controls are diminished or eliminated; one person may become angry, another amorous, a third happy, others disoriented, confused, or depressed, and so on.

Even the same person taking the same dose of a drug on a subsequent occasion may have an entirely different response. As self-control is lost, the person reacts to suggestions from people around him and the setting in which the drug is taken. These factors can markedly alter the drug's effects.

DO DRUG ABUSERS TAKE MORE THAN ONE DRUG AT A TIME?

People who abuse one drug tend to take all sorts of drugs. Some of them say they are looking for a new "high." Some will take any drug to get outside themselves. Some play chemical roulette by taking everything, including unidentified pills.

WHAT ABOUT "PATENT MEDICINES"?

Certain over-the-counter medicines have been taken in excess and have been used to "turn on." Certain cough syrups and the stay-awake and go-to-sleep preparations are sold without prescription and may cause dependence. Paregoric (camphorated tincture of opium), which is available in some states without a prescription, is also being abused.

Another way in which patent medicines may contribute to the drug abuse problem is their manner of advertisment in the mass media. Children and adolescents hearing such commercials may become conditioned to believe that taking drugs for minor emotional difficulties is all right. To promote the belief that taking a drug will deal with the difficulties of everyday life is undersirable.

WHY DO SOME AFFLUENT PEOPLE BECOME INVOLVED IN DRUG USAGE?

At one time we thought that if we could eliminate poverty, drug abuse would fade away. This notion was obviously erroneous. In a world where changes are rapid and yesterday's faiths and values may erode, affluence allows the time and finances to support drug excesses. Loss of goals and drive can be a by-product of affluence. When a person no longer needs to work in order to eat and clothe himself, he may develop problems of leisure. If he has no viable goals, no motivation or drive to create, to study or to help others, he may become bored or alienated, and vulnerable to the temptation of using chemical substitutes for productive living.

CAN THE EFFECTS OF DRUG ABUSE BE PASSED ON TO THE UNBORN?

Some babies born to heroin-addicted mothers have shown withdrawal symptoms. Not enough is known about the genetic effects of other drugs. Taking drugs without careful medical supervision during pregancy is extremely risky.

WHAT IS WRONG WITH TAKING ANY DRUG I WANT AS LONG AS I DO NOT HURT ANYONE ELSE BY DOING SO?

Society has duties to the individual, and the individual has certain responsibilities to the society in which he lives. A responsible social system provides its citizens with information about the dangers facing them, including the possible dangers of drugs. When a drug has both a harmful and a beneficial potential, regulations about the manner in which the drug is used should be formulated.

It is difficult for an individual to do something to himself that has consequences upon himself alone. Inevitably, the act will have an impact on those who are close to him and those who are dependent upon him. To "drop out" via drugs means that the person becomes dependent upon the social structure for a variety of services and supplies. Someone has to pay the bill.

WHERE DOES ONE GO IF HE IS BECOMING OR IS DEPENDENT UPON DRUGS?

If the user wants help, one's family, a friend, physician, or minister could be asked to help find the best resource in the community. The family doctor, mental health professionals, or school counselors should be among the first to be contacted. Some community self-help groups are effective. Many community mental health centers have special drug abuse units; all centers should be able to provide services or referral to an appropriate resource.

WHAT CAN A PARENT DO TO HELP A CHILD WHO IS ABUSING DANGEROUS DRUGS OR NARCOTICS?

Talk about it and try to understand why this behavior is taking place. Ideally, a relevant alternative to drug misuse can be figured out. Increased family interest and involvement in the child's daily activities will help. Professional advise may be desirable. Some communities have programs run by ex-users.

When the youngster is intent upon continuing his drug taking, the problem is much more difficult. Solutions must be individualized. In some instances, it may be desirable to point out that the family cannot be expected to support the drug-taking activity. Psychotherapy may be necessary, but it usually is not successful if the patient is resistant to change. Arbitrary restriction of the youngster may or may not work. If he runs away or is apprehended in some illegal act, he should know that the family will support and help him as soon as he decides to alter his destructive pattern of drug taking and anti-social behavior.

WHAT ARE THE BEST COUNSELING PROCEDURES TO USE FOR DRUG ABUSERS?

In general, the counselor whose approach is punitive is unlikely to succeed. Channels of communication must be opened, and the patient must acquire some measure of trust in the counselor. By listening to the drug abuser's story, the counselor should not give the impression that he is condoning the behavior because he is listening without judging. He must try to understand what the drug means to the patient, and then determine what non-drug alternatives are available.

Group therapy is often successful. Many treatment programs are very effectively using ex-abusers as part of their counseling staffs. Naturally, the skill of the therapist is an important element in achieving success, but the most important factor is the desire of the user to stop using.

IS IT POSSIBLE TO OBTAIN MEDICAL HELP WITHOUT INCURRING LEGAL PENALTIES?

A certified physician or psychologist can generally assure patients that discussion of drug abuse problems will be kept confidential. Practically all enforcement agencies cooperate with the person who wants help.

WHAT MORE CAN BE DONE TO CURB THE MISUSE OF LEGALLY OBTAINED DRUGS?

The family medicine chest may be a source of initial drug trials by children. It should not be used as a stockpile of drugs that are no longer needed. Physicians and pharmacists must carefully watch the renewal of prescriptions of drugs that can cause dependence. The patient should be warned about using such drugs exactly as prescribed.

All manufacture, transportation and distribution of large quantities of drugs in legal commerce should be controlled by adequate safeguards. Lareg amounts of stimulants and sedatives are being diverted into illegal channels by theft and fraudulent orders.

WHAT SORT OF PROGRAM COULD MAKE A REAL IMPACT ON OUR DRUG ABUSE PROBLEM?

1. Society should judge adults who misuse liquor or drugs by the same standards it judges young people. A double standard produces a credibility gap.

2. Children should not be continually exposed to the idea that the stresses of daily life require chemical relief.

3. Factual information about drugs should be stressed rather than attempts to frighten people.

4. Respect for all chemicals, especially mind-altering chemicals, should be instilled in people at an early age.

5. Efforts to detect all manufacturers and large scale traffickers of illicit drugs should increase.

6. Further research in prevention, education and treatment techniques should be carried out.

WHAT CAN ONE DO TO HELP PREVENT THE SPREAD OF DRUG MISUSE

There are a number of things an individual can do:

1. He can set a good example by not abusing drugs himself. Since he can expect his children to model their drug-taking behavior after his, he can either refrain from drinking socially accepted alcoholic beverages, or drink in moderation.

2. He can learn as many facts as possible about drugs so that he will understand the problem and be equipped to discuss it in a reasonable manner.

3. If he learns that someone is peddling drugs, he should notify the authorities. It is the responsibility of both the individual and the community to keep the dealers out.

4. He should do what he can to assist anyone wanting help for a drug problem while awaiting additional aid from a trained person or a treatment facility.

5. Most important of all, he can strive to meet the ideals of parenthood, trying to rear his children so that they are neither deprived of affection nor spoiled. He should have a set of realistic expectations for them. He should give his children responsibilities according to their capabilities, and not overprotect them from the difficulties they will encounter. A parent should be able to talk frankly to his children, and they to him.

ABOUT MARIHUANA

WHAT IS MARIHUANA?

Marihuana is Indian hemp (Cannabis sativa). The parts with the highest tetrahydrocannabinol (THC) content are the flowering tops of the plant. The leaves have a smaller amount. The stalks and seeds have little or none. THC is believed to be the active ingredient in marihuana. Many other compounds are present in marihuana, but they do not produce the mental effects of the drug.

DOES MARIHUANA VARY IN STRENGTH?

Yes. Some marihuana may produce no effect whatsoever. A small amount of strong marihuana may produce marked effects. The THC content of the plant determines its mind-altering activity, and this varies from none to more than 2 percent THC. Because THC is somewhat unstable, its content in marihuana decreases as time passes.

The plant that grows wild in the United States is low in THC content compared to cultivated marihuana, or the Mexican, Lebanese, or Indian varieties. Climate, soil conditions, the time of harvesting and other factors determine the potency.

WHAT IS HASHISH?

Hashish (hash) is the dark brown resin that is collected from the tops of potent Cannabis sativa. It is at least five times stronger than marihuana. Since it is stronger, the effect on the user is naturally more intense, and the possibility of side effects is greater.

IS MARIHUANA AN ADDICTING DRUG?

Marihuana does not lead to physical dependence. Therefore, it cannot be considered addicting. Chronic users become psychologically dependent upon the effects of marihuana. Thus, it is classified as habituating. The fact that a drug is not addicting has little relationship to its potential for harm, since dependence, whether psychological or physical, is a serious matter.

IS MARIHUANA A STIMULANT OR A DEPRESSANT?

Because it affects the individual's self control, the effects of marihuana vary so widely that it can be either a stimulant or a depressant. THC is a strong hallucinogen with some sedative properties. Occasionally, a person intoxicated with marihuana will become stimulated and overactive.

HOW IS MARIHUANA USED?

In this country, it is generally smoked in self-rolled cigarettes called "joints." It is also smoked in ordinary pipes or water pipes. Marihuana and hashish can also be added to foods or drinks.

WHAT ARE THE IMMEDIATE PHYSICAL EFFECTS OF SMOKING A MARIHUANA CIGARETTE?

Reddening of the whites of the eyes, an increased heart rate, and a cough due to the irritating effect of the smoke on the lungs are the most frequent and consistent physical effects. Hunger or sleepiness are reported by some individuals.

HOW LONG DO THE EFFECTS OF MARIHUANA LAST?

This depends upon the dose and the person. A few inhalations of strong marihuana can intoxicate a person for several hours. Weak marihuana will produce minimal effects for a short period of time. When a large amount is swallowed, the effects start later but persist longer than when the same quantity is smoked.

HOW DOES MARIHUANA WORK IN THE BRAIN?

This is not known. Studies attempting to clarify the question are underway.

DOES THE INDIVIDUAL'S TOLERANCE TO MARIHUANA VARY WITH REPEATED USE?

The development of tolerance to marihuana does not occur. Some people speak of "reverse tolerance." By that they mean that a person may require less marihuana in order to reach a specific "high." This is basically a matter of learning how to smoke the drug, and of learning what effects to look for.

DO HEAVY USERS SUFFER PHYSICAL WITHDRAWAL SYMPTOMS LIKE THE NARCOTIC ADDICT?

No. Sudden withdrawal may provoke restlessness and anxiety in a few persons who daily smoke large amounts of hashish, but true withdrawal symptoms as seen in the heroin addict do not develop.

WHAT ARE THE LONG-TERM PHYSICAL EFFECTS OF EXTENDED MARIHUANA USE?

These are not precisely known. Extensive scientific research is underway to answer this most important question.

WHAT ARE THE PSYCHOLOGICAL EFFECTS OF MARIHUANA?

The psychological effects of marihuana are variable. They include distortions of hearing, vision and sense of time. Thought becomes dream-like. The belief that one is thinking better is not unusual. Performance may be hampered or unchanged. Illusions (misinterpretation of sensations) are often reported, but hallucination (experiencing non-existent sensations) and delusions (false beliefs) are rare. Unfounded suspicion may occur, and this may be accompanied by anxiety. More often the feeling is one of a passive euphoria or "high." The individual tends to withdraw into himself. Occasionally, uncontrollable laughter or crying may occur.

WHAT KINDS OF EMOTIONAL PROBLEMS CAN THE MARIHUANA USER HAVE?

Anxiety reactions and panic states have been noted. Accidents have occurred due to impaired judgment and time-space distortions. The user, especially if he is inexperienced, may become excessively suspicious of people and take action that leads to injury. A toxic psychosis consisting of mental confusion, loss of contact with reality, and memory disturbances has been recorded.

The effects of prolonged use are not scientifically known. In those countries where cannabis use has been traditional, excessive amounts are claimed to induce loss of motivation, apathy, memory difficulties and loss of mental acuity. Reports of psychotic breakdowns from the extended use of marihuana are frequently found in the medical literature of the Near and Middle East, but these require further scientific investigation.

DOES THE HEAVY USE OF MARIHUANA AFFECT THE PERSONALITY DEVELOPMENT OF THE YOUNG PERSON?

It can. By making marihuana use a career, the young person avoids normal life stresses and the problems that are an intrinsic part of growing up. He therefore misses the opportunity to mature to his full physical and mental potential. In addition, the developing personality is known to be susceptible to the effects of all mind-altering substances.

DOES MARIHUANA LEAD TO INCREASED SEXUAL ACTIVITY?

Marihuana has no known aphrodisiac property. At various times in the past, both promiscuity and impotence have been attributed to the use of marihuana without scientific basis for either allegation.

WHY DO PEOPLE CONTINUE TO USE MARIHUANA?

The consistent user, the "pothead," is likely to be emotionally disturbed, according to many studies of this group. He is using the drug to treat his personality problems.

HOW MUCH MARIHUANA IS BEING USED IN THIS COUNTRY?

The use of marihuana is increasing. In a recent nationwide survey, 4 percent of those queried responded affirmatively to the question, "Have you ever used marihuana?" That would mean that more than 8 million people have tried the drug. Twelve persent of the young people indicated that they have tried it. Exact statistics are difficult to obtain because of the legal penalties.

In college surveys, two-thirds of those who said that they had tried the drug did so less than a dozen times. Another quarter are occasional users, and the rest--less than 10 percent--may be considered daily or heavy users.

WHY ARE SO MANY ADOLESCENTS EXPERIMENTING WITH MARIHUANA NOW?

In part this is because marihuana is "in." Peer group pressures have led many to try "pot." Some use it as an act of defiance. Some are curious. While most adolescents do not continue using the drug, 5 to 10 percent become heavy, daily users.

HOW ARE TEENAGERS INTRODUCED TO MARIHUANA?

In general, adolescents are introduced to marihuana by others in their group. There is little evidence to confirm the belief that "pushers" need to "turn on" a novice. His "friends" do it for him.

Heavy marihuana users may go on to more dangerous drugs as a result of group pressures or of their own volition. Occasionally, a "pusher" will persuade the buyer to try a more dangerous drug.

HOW DOES MARIHUANA GET ONTO THE BLACK MARKET?

Although truckload lots are sometimes detected, most marihuana smuggling and sales are small-time operations of a few pounds or less. Organized criminal syndicates have not been involved to date. About 80 percent of the marihuana comes in from Mexico. The rest is acquired locally. Hashish is made in the Near East and is smuggled into the U. S. Young people themselves account for most acquisition and sales, according to the Bureau of Narcotics and Dangerous Drugs.

WHAT IS THE RELATIONSHIP BETWEEN MARIHUANA AND CRIMINAL OR VIOLENT BEHAVIOR?

Any drug that loosens self-control may contribute to criminal behavior. Persons under the influence of marihuana tend to be passive, although some crimes have been committed by persons while they were "high." The personality of the user is as important as the type of drug in determining whether chemical substances lead to criminal or violent behavior.

CAN ONE SMOKE A LITTLE MARIHUANA, EQUIVALENT TO A DRINK OF ALCOHOL, AND NOT BECOME INTOXICATED?

Some people familiar with the drug are able to control its effects to permit only a feeling of relaxation. However, the usual intent of the user is to become "stoned." As a rule, either no effect or an intoxicating effect is obtained from the use of marihuana.

IS MARIHUANA LESS HARMFUL THAN ALCOHOL?

The results of intoxication by both drugs can be harmful.

We know that alcohol is a dangerous drug physically, psychologically or socially for millions of people. There is no firm evidence that marihuana would be less harmful if used consistently. In countries where alcohol is forbidden by religious taboo, skid rows based on marihuana exist. The "rumhead" and the "pothead" are both unenviable creatures.

IF ALCOHOL IS LEGAL, WHY NOT MARIHUANA?

It would seem more logical to deal with our millions of alcoholics than to add another mind-altering chemical to our existing problem. Whether another intoxicant should be accepted into the culture is the question.

Only during the past 3 years has the sophisticated, scientific study of marihuana been underway. It would seem prudent to await the results of ongoing and planned studies before treating marihuana as we do alcohol.

DOES MARIHUANA HAVE ANY MEDICAL USES?

Marihuana has no approved medical use in the U. S. Some researchers are attempting to determine whether THC may have appetite-enhancing, anticonvulsant, or antidepressant capabilities.

WHAT RESEARCH IS BEING DONE ON MARIHUANA?

A considerable amount of research with marihuana and THC is underway or planned. These investigations will help provide answers to many questions about the drug.

With the recent availability of synthetic THC and the ability to determine the amount of THC in marihuana, it is now feasible to know the exact quality of the substance being studied. This permits precise analysis that was not possible before in such ways as the following:

1. An examination of the changes that occur in the body when marihuana is smoked, as well as the observation of the metabolic changes that take place in THC.

2. The labelling of THC with radioactive material in order to learn the distribution and excretion of the drug.

3. The effect of marihuana on the chemical components of the brain and other tissues.

4. A testing of the acute and chronic toxicity of marihuana.

5. Research to discover the physiological and psychological changes in man caused by varying doses of marihuana. This ranges from studying brain-wave patterns to testing a subject's ability to perform complex tasks.

6. An examination of the effects of THC and other marihuana components upon chromosomes.

To determine the effects of the long-term use of marihuana more accurately, negotiations are now underway with qualified scientists in countries where the use of the drug has been customary for years. Groups of long-term, daily users will be compared with matched groups of non-users. The results of physical and psychological examinations will be studied for the two groups.

IS THERE ANYTHING IN MARIHUANA THAT LEADS TO THE USE OF OTHER DRUGS?

There is nothing in marihuana itself that produces a need to use other drugs. Most marihuana smokers do not progress to stronger substances. Some do. Surveys supported by the National Institute of Mental Health show that the "pothead" does tend to experiment with other drugs. Hashish is frequently tried, and large numbers of "potheads" later use strong hallucinogens, amphetamines, and, occasionally, barbiturates. Some try opium and heroin.

In one college survey, 1 percent of the "potheads" became addicted to opium or heroin. In surveys of heroin addicts, 85 percent had previously tried marihuana, but a still larger percentage had used alcohol before heroin.

It appears that the person who becomes seriously overinvolved with any drug is likely to have the emotional need to seek other kinds of drugs and to try them repetitively.

ABOUT HALLUCINOGENS

WHAT ARE HALLUCINOGENS?

Hallucinogens (also called psychedelics) are drugs capable of provoking changes of sensation, thinking, self-awareness and emotion. Alterations of time and space perception, illusions, hallucinations and delusions may be either minimal or overwhelming depending on the dose. The results are very variable; a "high" or a "bad trip" ("freak-out" or "bummer") may occur in the same person on different occasions.

LSD is the most potent and best-studied hallucinogen. Besides LSD, a large number of synthetic and natural hallucinogens are known. Mescaline from the peyote cactus, psilocybin from the Mexican mushroom, morning glory seeds, DMT, STP, MDA and dozens of others are known and abused. Along with its active component THC, marihuana is medically classified as an hallucinogen.

IS IT TRUE THAT ANY DRUG WILL MAKE YOU HALLUCINATE IF TAKEN IN SUFFICIENT AMOUNTS?

Many drugs will cause a delirium, accompanied by hallucinations and delusions, when taken by people who are hypersensitive to them. Extraordinarily large amounts of certain drugs may also produce hallucinations. However, the mind-altering drugs are much more likely to induce hallucinations because of their direct action on the brain-cells.

WHAT IS LSD?

Lysergic acid comes from ergot, the fungus that spoils rye grain. It was first converted in 1938 to lysergic acid diethylamide (LSD) by the Swiss chemist, Albert Hoffman, who accidentally discovered its mind-altering properties in 1943.

WHAT ARE THE IMMEDIATE PHYSICAL EFFECTS OF LSD?

A person who has consumed LSD will have dilated pupils, a flushed face, perhaps a rise in temperature and heartbeat, a slight increase in blood pressure, and a feeling of being chilly. A rare convulsion has been noted. These effects disappear as the action of the drug subsides.

WHAT IS THE LSD STATE LIKE?

The LSD state varies greatly according to the dosage, the personality of the user and the conditions under which the drug is taken. Basically, it causes changes in sensation. Vision is most markedly altered. Changes in depth perception and the meaning of the perceived object are most frequently described. Illusions and hallucinations can occur. Thinking may become pictorial and reverie states are common. Delusions are expressed. The sense of time and of self are strangely altered. Strong emotions may range from bliss to horror, sometimes within a single experience. Sensations may "crossover," that is, music may be seen or color heard. The individual is suggestible and, especially under high doses, loses his ability to discriminate and evaluate his experience.

WHAT IS A "GOOD TRIP"? A "BAD TRIP"?

In the parlance of the LSD user, the "good trip" consists of pleasant imagery and emotional feelings. The "bad trip" or "bummer" is the opposite. Perceived images are terrifying and the emotional state is one of dread and horror.

WHAT ARE SOME OF THE MORE HARMFUL EFFECTS OF LSD?

During the LSD state, the loss of control can cause panic reactions or feelings of grandeur. Both have led to injury or death when the panic or the paranoia was acted upon.

The prolonged reactions consist of anxiety and depressive states, or psychotic breaks with reality which may last from a few days to years.

WHAT IS A "FLASHBACK"?

A "flashback" is a recurrence of some of the features of the LSD state days or months after the last dose. It can be invoked by physical or psychological stress, or by medications such as antihistamines, or by marihuana.

Those individuals who have used LSD infrequently rarely report flashbacks; intensive use seems to produce them more frequently. Often a flashback occurring without apparent cause can induce anxiety and concern that one is going mad. This can result in considerable fear and depression and has been known to culminate in suicide.

CAN LSD DAMAGE CHROMOSOMES?

A number of reputable scientists have reported chromosomal fragmentation in connection with LSD exposure in the test tube, in animals, and in man. A similar number of equally capable scientists have been unable to confirm these findings. The question whether LSD itself can induce congenital abnormalities remains unresolved. Further work is continuing and will clarify this question.

IS THERE ANY EVIDENCE THAT HEAVY LSD USE CAUSES BRAIN CELL CHANGES?

In experiments designed to answer this question, some changes in mental functions have been detected in heavy users, but they are not present in all cases.

Heavy users of LSD sometimes develop impaired memory and attention span, mental confusion, and difficulty with abstract thinking. These signs of organic brain changes may be subtle or pronounced. It is not known whether these alterations persist or whether they are reversible if the use of LSD is discontinued.

ARE PEOPLE MORE CREATIVE UNDER OR AFTER LSD?

People who have taken LSD feel more creative. Whether they actually are or not is difficult to determine. In studies done to compare individuals' creative capabilities before and after LSD experiences, it was found that no significant changes had occurred. Creativity might conceivably be enhanced in a few instances, but it is diminished in others because LSD may reduce the motivation to work and execute creative ideas.

IS THE LSD STATE LIKE THE MYSTICAL STATE?

The transcendental or mystical state includes feelings of wonder or ecstasy, a sense of perceiving beauty, the absence of rational thought, a sense of discovering great meaning. Many of these phenomena can be mimicked by the LSD state, which is why it has been called a "religious" drug. The LSD-induced mystical state differs as significantly from the natural one as an artificial pearl from the real thing.

DO YOU REALLY GET TO KNOW YOURSELF AFTER LSD?

The illusion that one obtains insights about one's personality and behavior while under LSD may occur. From an analysis of these "insights" and of subsequent behavior, it is doubtful that true insights happen with any regularity.

WHY WOULD ANYBODY TRY A DRUG LIKE LSD?

People give many reasons for trying LSD, ranging from curiosity to a desire to "know oneself." The overwhelming majority of people take the drug for the "high" -- to feel better. This may be because they are unable to deal with life's frustrations, or feel alienated. If the LSD state were not accompanied by a "high," it would never have become popular.

WHAT PERCENTAGE OF STUDENTS HAVE TRIED LSD?

Most surveys indicate that about 4 percent of college students have tried LSD at least once. This figure has remained relatively stable for the past three years. However, numbers of high school and junior high school students are known to have tried this drug recently.

IS THE USE OF LSD INCREASING?

The use of LSD has levelled off and may be decreasing. Although some very young people are turning to LSD, a number of the older users are discontinuing its use. This shift is probably due to the growing knowledge of the side effects, the "flashbacks," the possibility of chromosomal changes, or simply because the users finally have come to recognize the illusory nature of the LSD experience.

WHAT HAVE WE LEARNED FROM LSD?

LSD is the most potent of all hallucinogenic substances used by man. A minute amount reaching the brain produces striking effects on mental functioning.

From research with LSD we have gained much basic information about the nature of brain cell transmission, and how distortion of the chemical mediators of transmission can result in disruptive mental functioning. Experiments that have sought to find a use for this unusual chemical have been inconclusive. It has been tried for the severe alcoholic, in certain character disorders, in childhood autism and as an aid to psychotherapy. At present no medical usefulness has been found.

IS MUCH RESEARCH GOING ON USING LSD?

More than 300 investigators have been given supplies of this drug through the National Institute of Mental Health to carry out research in the past three years. Considerable important work is continuing.

WHAT IS THE SOURCE OF ILLICIT LSD?

Almost invariably, illicit LSD comes from clandestine laboratories or is smuggled in from abroad. The precursors, lysergic acid and lysergic acid amide, can be converted into lysergic acid diethylamide (LSD) by a proficient chemist who has a reasonably well-equipped laboratory.

When obtained from illicit sources, the quality of LSD varies. Some LSD is fairly pure; other samples contain impurities and adulterants. The amount contained in each capsule or tablet usually differs greatly from the amount claimed by the "pusher." The user has no way of knowing the quality or the quantity of his LSD.

ABOUT SEDATIVES

WHAT ARE SEDATIVES AND TRANQUILIZERS?

Sedatives induce sleep. When taken in small doses they reduce daytime tension and anxiety. The barbiturates constitute the largest group of sedatives. When used without close supervision, the possibilities of taking increased amounts and becoming dependent are present. In street parlance, the sedatives are also called "goof balls," "sleepers," and "downers."

The tranquilizers are drugs that calm, relax and diminish anxiety. Like sedatives, they may cause drowsiness. Tranquilizers that are used to treat serious mental disorders are not dependency producing. It is tranquilizers like meprobamate (Miltown, Equinil) to which dependence can be developed.

ARE SEDATIVES PHYSICALLY ADDICTING?

Yes. Tolerance to the effects of barbiturates develops and withdrawal effects occur when the drug is stopped. A strong desire to continue taking the drug is present after a few weeks on large amounts. Addiction to 50 or more sleeping pills a day has been reported.

ARE BARBITURATES THE ONLY GROUP OF SEDATIVES WITH DANGER OF ADDICTION?

No. Other addicting sedatives include glutethimide (Doriden), chloral hydrate and many others. Everything that is said about the barbiturates can be applied to the non-barbiturate sedatives.

WHO ARE THE ABUSERS OF BARBITURATES?

People who have difficulty dealing with anxiety, or who have troubles with insomnia may become overinvolved with sedatives or tranquilizers and come to depend on them.

Barbiturates are taken by some heroin users either to supplement the heroin or substitute for it.

People under excessive stress, or those who cannot tolerate ordinary stress, are vulnerable. A few years ago sedatives were drugs of abuse for adults. Now they are being consumed more and more frequently by teenagers and pre-teenagers.

Persons who take amphetamines and become jittery might also take barbiturates to ease their tension.

legitimately manufactured every year, and a large amount of these will be diverted into illegal channels. Many illicit laboratories that manufacture stimulants have been discovered and seized.

WHAT ARE THE VARIOUS TYPES OF STIMULANT ABUSE?

There is the occasional user who takes the drug to exert himself beyond his physiological limits. He may want to stay awake to drive, excel in an athletic contest, or cram for an examination. This type of abuse rarely leads to difficulties, but it may. Instances of death during athletic contests have been traced to amphetamine use.

A second type of abuse is taking 75-100 mg. per day (the average dose is 15-30 mg.) for long periods of time. These individuals are drug-dependent.

A relatively new type of abuse involves the injection of massive doses intravenously once or a dozen times a day. This produces practically the same effects as cocaine. These users are referred to as "speed freaks."

WHAT EFFECTS DO AMPHETAMINES HAVE?

In ordinary amounts the amphetamines provide a transient sense of alertness and well being. Hunger is diminished, and short-term performance may be enhanced in the fatigued person.

When amphetamines are taken intravenously in large amounts, an ecstatic "high" occurs which decreases over a few hours. Re-injection is then necessary to reproduce the stimulation. This cycle can go on for days until the person is physically exhausted. Shakiness, itching, muscle pains, and tension states are common. Collapse and death have occurred.

Upon withdrawal the "speed freak" feels terribly depressed and lethargic. Re-injection of amphetamines relieves these symptoms. Since tolerance to high doses develops and withdrawal symptoms occur, large amounts of amphetamines are considered physically addicting. Small amounts are psychologically habituating.

WHAT ARE THE PHYSICAL COMPLICATIONS OF AMPHETAMINE ABUSE?

In addition to those diseases which accompany the unsterile injection of material into the body, the excessive amounts of amphetamines can cause certain medical problems. Liver damage may result from the enormous quantities being taken. Brain damage from such quantities has been demonstrated in animals. Abnormal rhythms of the heart have occurred, and a marked increase in blood pressure is well known.

Neglect of personal hygiene can lead to skin infections or dental decay. Drastic weight loss, and malnutrition and vitamin deficiencies are part of the list of adverse physical complications.

WHAT ARE THE PSYCHIATRIC COMPLICATIONS OF AMPHETAMINE ABUSE?

While under the influence of large amounts of amphetamines, the individual may become overactive, irritable, talkative, suspicious and sometimes violent. He reacts impulsively. This combination can lead to belligerent or homicidal behavior.

There is a deterioration of all social, familial and moral values. Like the heroin addict, the "speed freak" will do anything to obtain his supplies.

The paranoid psychotic state can last long beyond the period of drug activity and resembles paranoid schizophrenia.

WHAT CAN BE DONE ABOUT THE "SPEED" PROBLEM?

The elimination of the large-scale illicit supplies and better controls over legitimate production are part of the answer. In addition, the consequences and complications must be made known as widely as possible. The user needs skilled treatment. It is likely that only the very disturbed person will become involved in the "speed" scene if the known effects of taking the drug are properly disseminated.

ARE THERE ANY SPECIAL DIFFICULTIES IN THE TREATMENT OF STIMULANT ABUSERS?

The "speed freak" is a difficult patient to rehabilitate. Although he may want to stop using the drug, his "high" is so intense that he is attracted to the enormous euphoria that he obtains from the chemical. Persons who seem to have broken the speed habit often relapse.

Treatment may require the close support of the user's friends and family, plus medical and psychological help. In some cases, closed-ward hospitalization may be necessary. One of the more successful forms of treatment is group therapy in which ex-users interact with "speed freaks." Those who have come through the "speed" scene are trusted, and their counsel is likely to be accepted by the person who wants to stop his destructive use of the drug.

WHY HAS SWEDEN VIRTUALLY ABOLISHED THE MEDICAL USE OF AMPHETAMINES?

Sweden has a major problem with the amphetamine-like substance, phenmetrazine (Preludin). It was introduced as a "safe" weight reducing pill, but for the past 10 years its illicit use has been increasing. It is estimated that about 10,000 people (Sweden has a population of 8 million) use large amounts of this drug, most of it by intravenous injection.

At present only those few cases which are approved by a special commission can be legally treated with amphetamines. Despite this cutoff of legitimate supplies, the problem continues. Illegal laboratories still provide the material, and much is brought in from other countries where it is readily available.

ABOUT STIMULANTS

WHAT IS A STIMULANT?

Stimulants are drugs, usually amphetamines, which increase alertness, reduce hunger and provide a feeling of well being. Their medical uses include the suppression of appetite and the reduction of fatigue or mild depression.

Many stimulants are known, including: cocaine, amphetamine (Benzedrine "bennies"), dextroamphetamine (Dexedrine "dexies") and methamphetamine (Methedrine). The latter drug is commonly called "speed" or "crystal." Stimulants are also known as "uppers" or "pep pills."

HOW DO AMPHETAMINES WORK?

According to current research findings, amphetamines increase the availability of noradrenaline at the nerve cell connections. This is particularly true in areas of the brain associated with vigilance, heart action, and mood. Excessive stimulation of these brain cells is normal under emergency life conditions, but when it is prolonged by amphetamines, undesirable secondary changes develop.

HOW ARE STIMULANTS TAKEN?

Usually stimulants are taken by mouth in the form of capsules or tablets. Crystal methamphetamine and cocaine can be inhaled or "snorted" through the nose. They can also be injected into veins, in which case the effects are immediate and more intense.

HOW MANY PEOPLE ARE ABUSING AMPHETAMINES?

The exact number of amphetamine abusers is unknown, but the abuse of very large quantities of amphetamines is increasing. The drug-using subcultures, such as Haight-Ashbury in San Francisco, are now essentially "speed" subcultures. The abuse of amphetamines in weight-reducing pills is also on the rise. Approximately 10 billion amphetamine pills are

WHAT ARE THE MEDICAL USES FOR SEDATIVES?

In addition to inducing sleep and relaxing tensions, barbiturates are used for psychosomatic conditions such as high blood pressure and peptic ulcers. One barbiturate, phenobarbital, is useful as an anticonvulsant.

WHAT HAPPENS IF A BARBITURATE ABUSER SUDDENLY STOPS TAKING THE DRUG?

If the barbiturate dependence is severe, sudden discontinuance of the drug can be dangerous. A severe withdrawal state resembles delirium tremens. The patient is sweaty, fearful, sleepless and tremulous. He is restless, agitated, and may suffer convulsions. In addition, he may see things that aren't there and have delusional, confused thoughts. The amount of barbiturates must be slowly decreased; the patient requires considerable medical and nursing support.

Sudden barbiturate withdrawal is an acute medical emergency requiring hospitalization and intensive care.

ARE SEDATIVES TAKEN IN LARGE QUANTITIES DANGEROUS?

Yes. The most common mode of suicide with drugs is with sleeping pills. Accidental deaths due to taking a larger number than intended are not uncommon. In the latter instance, the person takes one or two pills at bedtime, falls asleep and then awakens. Not remembering that he has taken his sleeping medicine, he takes some more. If this is repeated a few times during the night a poisonous overdose may be consumed.

DO PEOPLE FALL ASLEEP WHEN THEY TAKE LARGE AMOUNTS OF SEDATIVES CONTINUALLY?

Ordinarily they go into a coma. If they are tolerant to large amounts, they may remain awake and appear intoxicated. Speech and movements may be uncoordinated. Skilled tasks are performed sluggishly and without precision. Judgment and perception are impaired. Confusion, slurred speech, irritability, and an unsteady gait are often seen in chronic users.

HOW CAN ONE BREAK A LARGE SEDATIVE "HABIT"?

This should be done with the help of a physician. Sometimes hospitalization is necessary. Gradual reduction is safer than abrupt discontinuance.

IS IT TRUE THAT SOME PEOPLE ABUSE SEDATIVES AND STIMULANTS SIMULTANEOUSLY?

Yes. Although the two types of drugs have opposite actions, some individuals become dependent upon the combinations. It might be imagined that an "upper" would completely neutralize a "downer," but this is not so. A desirable feeling is obtained, and large numbers of such combinations may be swallowed habitually.

IS IT TRUE THAT THE COMBINATION OF SLEEPING PILLS AND ALCOHOL IS DANGEROUS?

Yes. Taken together, less than lethal doses of alcohol and sleeping pills may be fatal. The person who is drunk may take a few barbiturate capsules and not survive. Barbiturates when taken with narcotics, anesthetics, and tranquilizers may also be fatal.

ABOUT NARCOTICS

WHAT IS A NARCOTIC?

A narcotic is a drug that relieves pain and induces sleep. The narcotics, or opiates, include opium and its active components, such as morphine. They also include heroin, which is morphine chemically altered to make it about six times stronger. Narcotics also include a series of synthetic chemicals that have a morphine-like action.

WHICH NARCOTICS ARE SIGNIFICANTLY ABUSED?

Heroin accounts for 90 percent of the narcotic addiction problem. It is not used in medicine, and all heroin in the U.S. is smuggled into the country. Morphine, methadone, and meperidine are used medically and are infrequently seen on the black market. Paregoric and cough syrups containing codeine are also abused.

IS NARCOTIC ADDICTION INCREASING?

As of December 31, 1968, the Bureau of Narcotics and Dangerous Drugs reported 64,011 narcotic addicts in the United States. This is an increase of 2,000 (3 percent) over the previous year. These figures include only those addicts who have been reported to the Bureau. The reporting system is voluntary on the part of the reporting agency and, as such, is not all inclusive. The New York State Narcotic Control Commission reports about 60,000 narcotic addicts in New York alone. The heroin abuse problem has been increasing since World War II and it continues to increase. Perhaps the most realistic estimate of the number of opiate addicts in the country is between 100,000 and 200,000.

WHY DO PEOPLE TAKE OPIATES?

People in physical or psychological pain may turn to heroin for relief, especially if their ability to endure distress is low. Many are introduced to the drug by "friends." Some youngsters mimic the behavior of grownups who are addicted. Certain addicts derive gratification from turning others on.

Many believe, "It can't happen to me." They think they can use heroin occasionally and not get hooked. These are often weekend "joy poppers." A good number of these individuals end up addicted.

Young males from minority groups who live in central city areas are most likely to become addicts. There is evidence that some middle-class youngsters in the drug-using communities have begun to abuse heroin. A small number of doctors and nurses who have the drugs available have become addicted.

WHAT DOES THE HEROIN ADDICT LOOK LIKE?

He may appear normal. Some of the acute symptoms associated with heroin are sniffling, flushing, drowsiness and constipation. Very contracted pupils are typical of opiate use. Some addicts may have an unhealthy appearance because of poor food intake and personal neglect. Venereal disease among female addicts is not uncommon.

Heroin addicts appear at hospitals with blood infections, hepatitis, symptoms of overdose and, more rarely, lockjaw.

Fresh needle marks and "tracks" (discolorations along the course of veins in the arms and legs) are detectable during an examination.

A sample of the addict's urine will reveal heroin or quinine. Barbiturate and amphetamine abuse can also be detected by urine testing.

CAN A PERSON FUNCTION WHILE ON NARCOTICS?

If the person is tolerant to an opiate he can usually function satisfactorily. This assumes that he is on a constant dosage level, and that his body's reaction to the drug is minimal. It merely keeps him comfortable.

This ability to perform, stay awake and alert after being kept on a maintenance level has been demonstrated with the methadone maintenance treatment. An occasional person will be drowsy.

WHAT IS IT LIKE TO TAKE A SHOT OF HEROIN?

Generally, there is a feeling of relaxation and of being "high." This is accompanied by an "awayness" or pleasant, dreamlike state.

As tolerance develops, the "high" is generally lost. The addict then requires heroin to avoid the withdrawal sickness. In other words, at this point he is using heroin to feel normal.

WHAT ARE THE PHYSICAL DANGERS OF ADDICTION?

The physical complications are many and some are life endangering. An overdose, resulting in death, occurs when someone has lost or never developed tolerance because he was using very diluted heroin. If, by chance, he obtains pure heroin, he may die moments after injection.

Infections from unsterile solutions, syringes, and needles cause many bacterial diseases. Viral hepatitis can be epidemic among addicts. Skin abscesses, inflammation of the veins and congestion of the lungs are further complications. Venereal diseases, tuberculosis and pneumonia are not uncommon.

The life expectancy of the addict is much lower than that of the non-addict. Addicts of both sexes are less fertile, and infants born of addict mothers may suffer withdrawal symptoms.

WHAT ARE WITHDRAWAL SYMPTOMS LIKE?

When addiction exists, stopping the drug provokes withdrawal sickness some 12 to 16 hours after the last injection. The addict yawns, shakes, sweats, his nose and eyes run, and he vomits. Muscle aches and jerks ("kicking the habit") occur along with abdominal pain and diarrhea. Chills and backache are frequent.

Hallucinations and delusions can develop, and these are usually terrifying. An injection of an opiate brings about immediate relief.

WHAT ARE THE PSYCHIATRIC COMPLICATIONS OF NARCOTIC ADDICTION?

The life of the narcotic addict is deplorable. His waking existence is centered around obtaining money to buy heroin ("hustling"), making a connection with a pusher ("copping"), and trying to avoid withdrawal.

The activities that an addict will resort to in order to obtain heroin are harmful to himself and those around him. He may steal from his loved ones, double-cross his best friend. or pander his wife. It is obvious that a career of heroin addiction must lead to personality decay and seriously impair emotional maturation.

IS THERE AN ADDICTIVE PERSONALITY?

It has been demonstrated that anyone can become addicted if he takes opiates regularly for a few weeks. Even animals can become addicted. However, certain kinds of people are more likely to become involved with heroin than others under similar life situations. These individuals have a low frustration tolerance and great dependency needs. Impulsive, immature, inadequate individuals are likely candidates. Many are "now" oriented, seeking the immediate "high" without regard to future consequences. Some have a character disorder that permits deviant behavior without guilt feelings.

Should a reasonably mature, stable person become addicted, the prospects of his rehabilitation are much better than those of the immature, unstable addict.

WHAT TREATMENT PROCEDURES ARE AVAILABLE TO THE HEROIN ADDICT?

"Once an addict, always an addict" is simply untrue. Many treatment procedures are possible for the heroin user. Ex-addict self-help groups have been useful for some. Others have benefitted from methadone maintenance. This consists of the substitution of methadone, a narcotic, under close supervision. If the patient on methadone takes heroin he will notice no effect from it because of cross tolerance. Another approach uses cyclazocine, a narcotic antagonist, not a narcotic. If heroin is taken after cyclazocine, no effect is noted.

Taking the addict off heroin is not too difficult, but keeping him off is. He usually needs counselling, job training and other rehabilitative efforts. The Federal Government and some States have civil commitment and voluntary rehabilitation programs. Many more narcotic addict rehabilitation centers are coming into existence at the community level. At these centers the addict seeking help can be given all the rehabilitation assistance he needs.

IS THERE A RELATIONSHIP BETWEEN HEROIN AND CRIME?

Many addicts had criminal records before they became addicted. Nevertheless, a direct relationship between the addicted person and criminal activity does exist because of the need for large sums of money in order to support his "habit." Shoplifting, pimping, prostitution, peddling heroin, and car theft are some of the crimes to which the addict resorts. When he is feeling symptoms of withdrawal, he may commit more violent crimes in order to obtain his drug.

Addicts who are sufficiently affluent to buy heroin will not commit criminal acts. The opiate state is one of passivity rather than aggression.

WHAT ARE THE ORGANIZED CRIME ELEMENTS THAT DEAL IN NARCOTICS AND DANGEROUS DRUGS?

Trafficking in heroin is usually undertaken by the organized criminal elements based in major metropolitan areas throughout the country. These organizations have the manpower, financial ability, and international connections with which to procure and successfully smuggle large quantities of heroin into the United States from France and other countries. To a lesser extent, numerous individuals and independent groups smuggle illicitly produced Mexican heroin in small quantities across the Mexican border.

WHAT IS THE QUALITY OF HEROIN BOUGHT ON THE STREET?

Heroin is invariably diluted with milk sugar, quinine, or other materials. Capsules or cellophane "bags" which may vary from 0 to 10 percent heroin are sold to users for $2 to $10. The material is unsterile. Some of the heroin has been "cut" so much that the addict has a "needle habit," not a heroin "habit." A "needle habit" is one in which the user obtains gratification from hustling for narcotics and injecting himself with the material even though it contains little or no heroin.

WHAT ABOUT THE "BRITISH SYSTEM" OF DEALING WITH HEROIN ADDICTION?

Until recently, English heroin addicts were able to obtain heroin by prescription after registering with a physician. During the past decade, however, the number of known heroin addicts rose from a few hundred to several thousand. The number of known addicts under 20 years of age increased from one in 1960 to 1,016 in 1969. (These figures are regarded as underestimates, since many addicts do not come to official attention.)

As a result of this increase, the "system" was changed in 1968. British physicians can no longer prescribe heroin. Instead, rehabilitation centers have been established for the treatment of drug addicts. In cases where total abstinence is not possible for an addict, some heroin or methadone may be prescribed. The British system is considered a failure and has been modified to meet the increasing problem of addiction. However, it has largely prevented the involvement of organized criminal elements in heroin traffic. At present, the illicit traffic consists of addicts selling their supplies to others.

ABOUT OTHER SUBSTANCES OF ABUSE

MODEL AIRPLANE GLUE, GASOLINE, PAINT THINNER AND OTHER VOLATILE SOLVENTS HAVE BEEN REPORTED AS ABUSABLE SUBSTANCES. WHAT ARE THEIR EFFECTS?

These substances, which were obviously never meant to be taken by man, contain a variety of chemicals, some quite dangerous. Others are toxic only when used over long periods. They provide a clouded mental state that can develop into a coma. Temporary blindness has been reported. Death is known to occur when the solvent is inhaled without sufficient oxygen as, for example, when the individual loses consciousness and his mouth and nose fall into the plastic bag containing the solvents. Damage to bone marrow, kidneys and lungs has been described in autopsy reports.

CAN NUTMEG BE ABUSED?

If large amounts of nutmeg or mace are taken, they can induce a drunken, confused state. This requires a substantial quantity, which can irritate the kidneys. Abuse has been reported in immature adolescents, and in prisoners who have access to these spices while working in prison kitchens.

WHAT IS KNOWN ABOUT BELLADONNA AND JIMSON WEED ABUSE?

A large number of wild plants can cause delirium or death, depending upon the amount ingested. They include belladonna and Jimson weed (stramonium) which grow in many parts of the country. They have long been used as intoxicants; they were the constituents of the witches' brews of earlier days. The notion that witches flew on broomsticks was the result of the hallucinations of those under the influence of these powerful plants.

Dryness of the mouth and skin, a high fever and dilated pupils are characteristic of these weeds.

Asthmador is a drug that contains a combination of belladonna and stramonium and is prescribed as an asthma remedy. It, too, has been occasionally misused.

APPENDIX F

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(All following films are available at film library in the Media Center)

NUMBER	TITLE
No. 2	Beginning Responsibility: “Books and their Care”
No. 3	Beginning Responsibility: “Lunch Room Manners”
No. 4	Beginning Responsibility: “Rules at School”
No. 5	“Courtesy for Beginners”
No. 6	“Fairness for Beginners 434
No. 7	“Getting Along with Others”
No. 8	“What to Do About Upset Feelings”
No. 10	“Germs and What They Do”
No. 12	“Primary Safety: In the School Building”
No. 13	“Primary Safety: On the School Playground”
No. 14	“Safety After School”
No. 42	Beginning Responsibility: “Being on Time”
No. 43	Beginning Responsibility: “Doing Things for Ourselves In School”
No. 44	Beginning Responsibility: “Other People’s Things”
No. 45	Beginning Responsibility: “Taking Care of Things”
No. 46	“How Quiet Helps at School”
No. 47	“Kindness to Others”
No. 48	“Our Class Works Together”
No. 50	“Beginning Good Posture Habits”
No. 51	“Eat Well, Grow Well”
No. 57	“What To Do About Upset Feelings”
No. 82	“Let’s Watch Plants Grow”
No. 90	“Seeds Grow Into Plants”
No. 112	“Helpers In Our Community”

No. 113	"Helpers at our School"
No. 117	"Our Family Works Together"
No. 134	"Courtesy at School"
No. 135	"Learning from Disappointment"
No. 136	"Mealtime Manners and Health"
No. 140	"Growing Up"
No. 145	"Let's Be Clean and Neat"
No. 216	"How Flowers Make Seeds"
No. 217	"Movements of Plants"
No. 218	"Plants that Grow from Leaves"
No. 219	"Plants that Live in Water"
No. 507	"Flowers: Structure and Function"
No. 537	"Simple Plants: Algae and Fungi"
No. 721	"Pit of Despair"
No. 920	"Marihuana"
No. 922	"LSD: Insight or Insanity"

FILMSTRIPS

(All following filmstrips are available at film library in the Media Center)

"Little Citizen Series"

"Developing Basic Values"

"The Legend of Patch the Pony"

"Family Filmstrips"

"Marijuana: What Can You Believe"

"You and the Law"

"LSD: The Acid Law"

The following films have been previewed and recommended by the Committee and are in the process of being purchased:

"Marijuana - Great Escape"

"Red Light, Green Light"

"Speed Scene"

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KITS

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B. MARIHUANA KIT

C. DANGEROUS DRUGS I.D. KIT

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